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Romano et al.

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(54) **COVER SYSTEM FOR A PATIENT SUPPORT SURFACE**

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(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 303 days.

This patent is subject to a terminal disclaimer.

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Related U.S. Application Data

(60) Continuation of application No. 13/107,493, filed on May 13, 2011, now Pat. No. 8,601,620, which is a continuation of application No. 12/619,133, filed on Nov. 16, 2009, now Pat. No. 7,966,680, which is a

(Continued)

(51) **Int. Cl.**

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(Continued)

(52) **U.S. Cl.**

CPC **A47C 27/122** (2013.01); **A47C 21/044** (2013.01); **A47C 27/144** (2013.01); **A47C**

27/148 (2013.01); **A47C 27/15** (2013.01); **A47C 27/20** (2013.01); **A47C 27/22** (2013.01); **A47C 31/006** (2013.01); **A61G 7/05715** (2013.01); **A47C 21/04** (2013.01); **A61G 7/05707** (2013.01); **A61G 7/05769** (2013.01); **A61G 2005/1045** (2013.01); **A61G 2007/05784** (2013.01); **Y10S 5/952** (2013.01)

(58) **Field of Classification Search**

CPC .. **A47C 21/04**; **A47C 21/042**; **A47C 21/044**; **A47C 21/048**; **A47C 27/122**; **A47C 27/14**; **A47C 27/148**; **A47C 27/15**; **A47C 7/74**; **A47C 7/742**; **A47C 7/744**; **A61G 7/057**; **A61G 2007/05784**; **A61G 2007/05792**
USPC **5/421**, **423**, **652.1**, **652.2**, **724**, **726**, **5/952**, **740**, **655.9**, **953**, **727**, **728**, **731**
See application file for complete search history.

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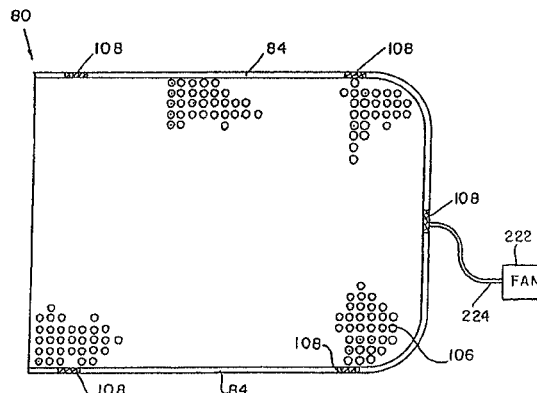
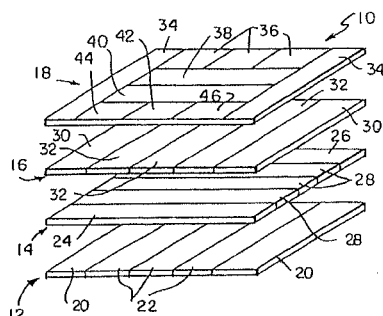
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(57) **ABSTRACT**

A cover system includes a first layer providing a top surface over a patient support structure. A layer of spacer material is provided beneath the first layer. An air mover moves air through the layer of spacer material to remove moisture adjacent a person supported by the patient support.

20 Claims, 16 Drawing Sheets



Related U.S. Application Data						
	continuation of application No. 12/359,387, filed on Jan. 26, 2009, now Pat. No. 7,617,555, which is a continuation of application No. 11/688,407, filed on Mar. 20, 2007, now Pat. No. 7,480,953, which is a division of application No. 10/800,952, filed on Mar. 15, 2004, now Pat. No. 7,191,482, which is a continuation-in-part of application No. 10/793,723, filed on Mar. 5, 2004, now Pat. No. 7,191,480, said application No. 10/793,723 is a continuation of application No. 09/921,317, filed on Aug. 2, 2001, now Pat. No. 6,701,556, which is a division of application No. 09/306,601, filed on May 6, 1999, now Pat. No. 6,269,504.		4,753,480 A	6/1988	Morell	
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A47C 31/00 (2006.01)
A61G 5/10 (2006.01)

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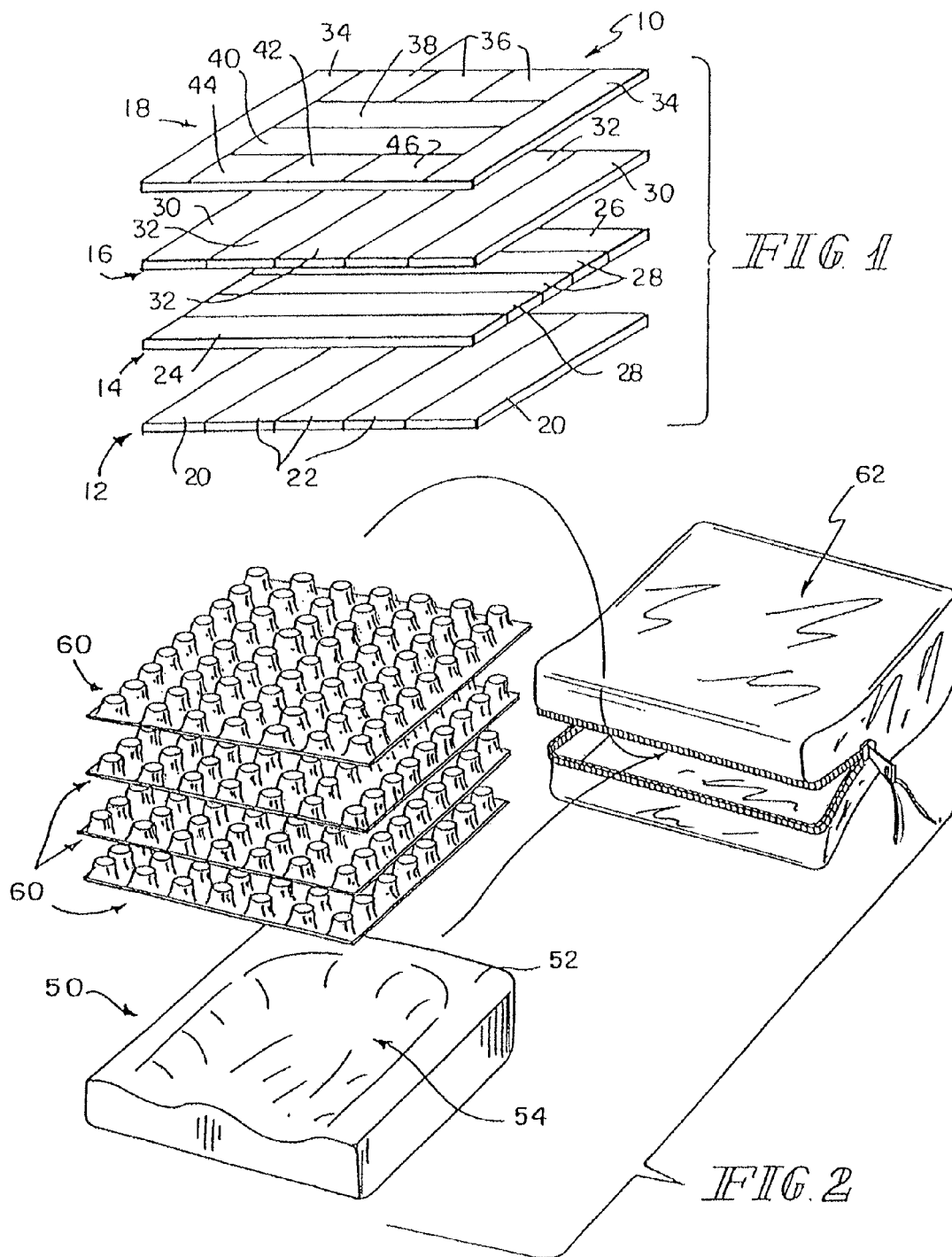
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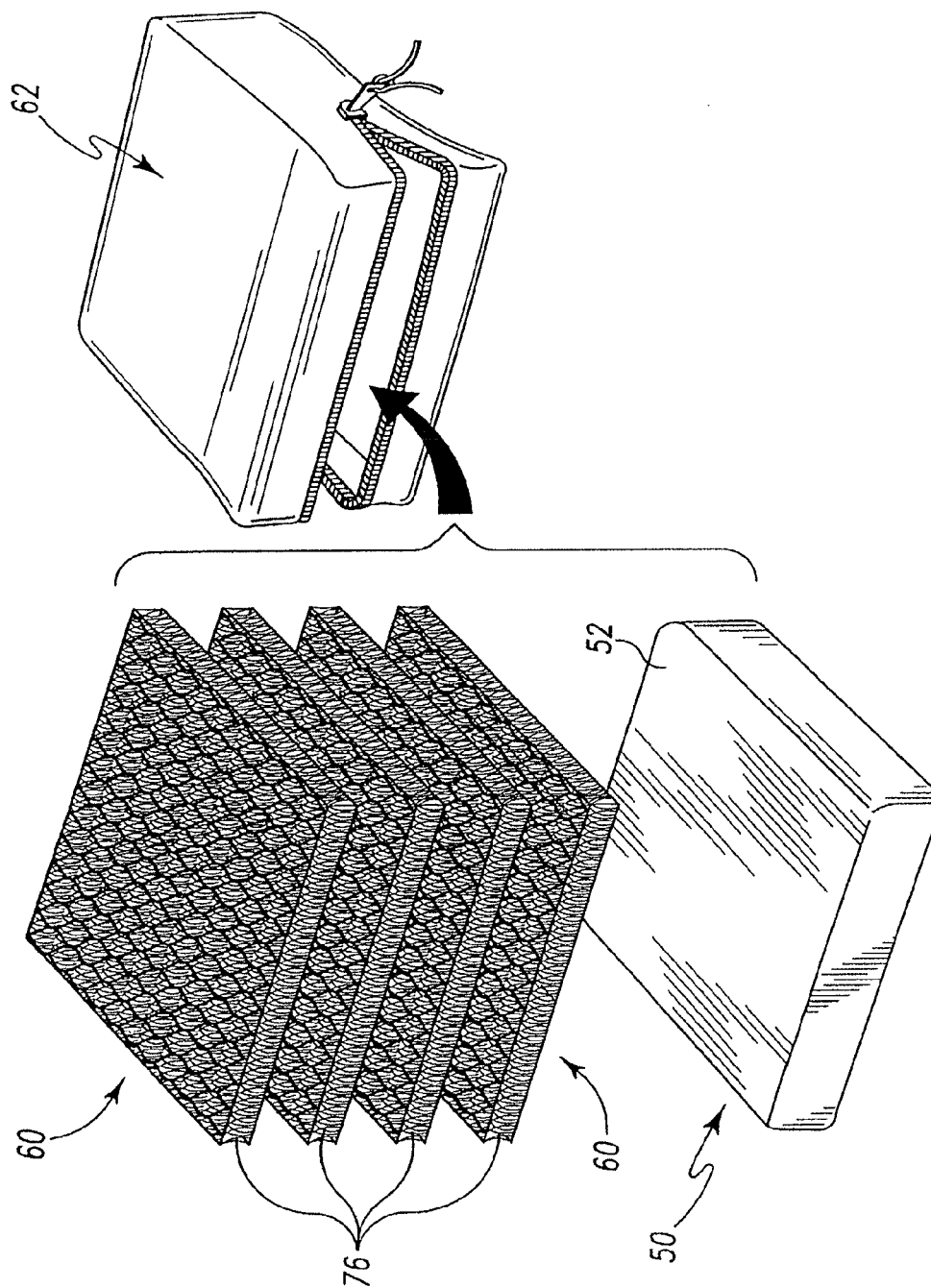
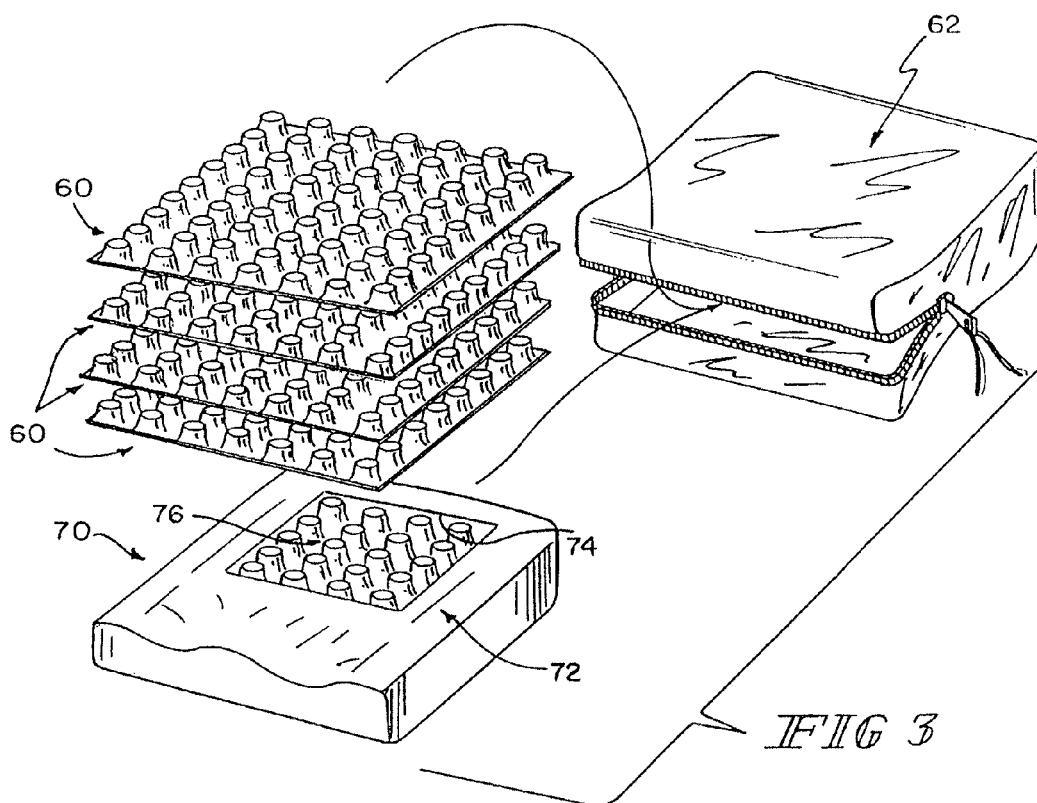
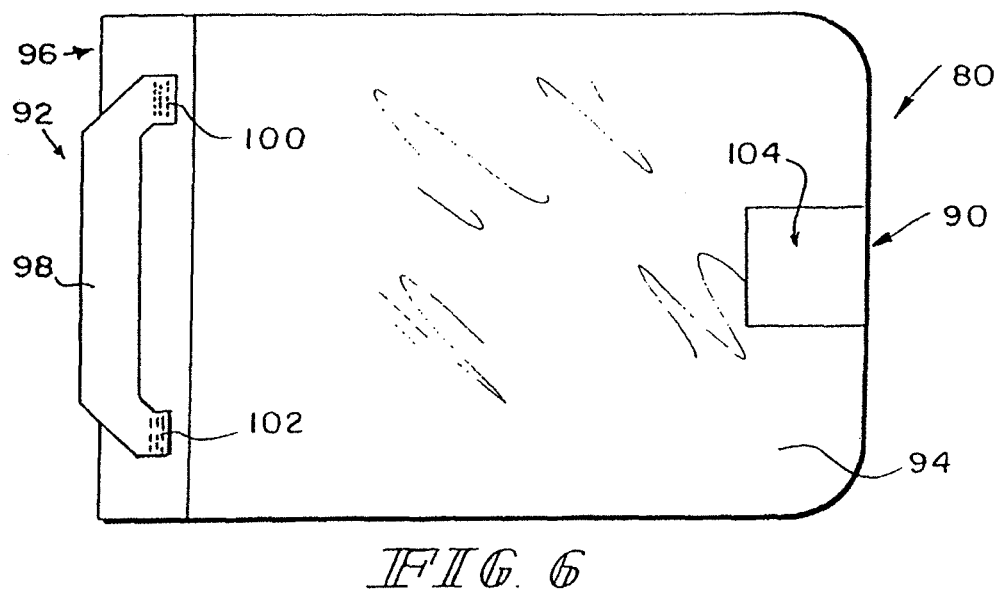
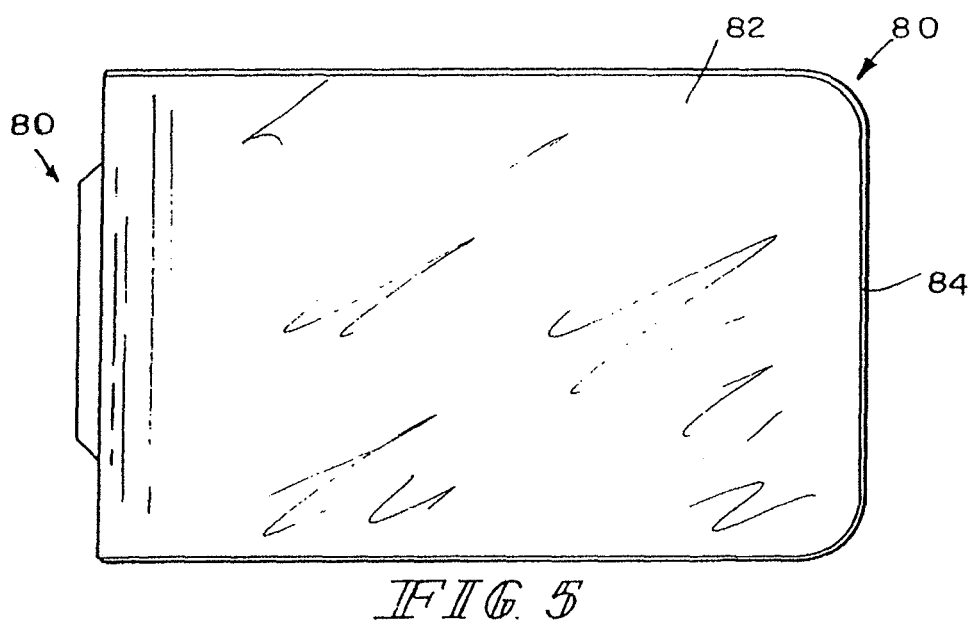
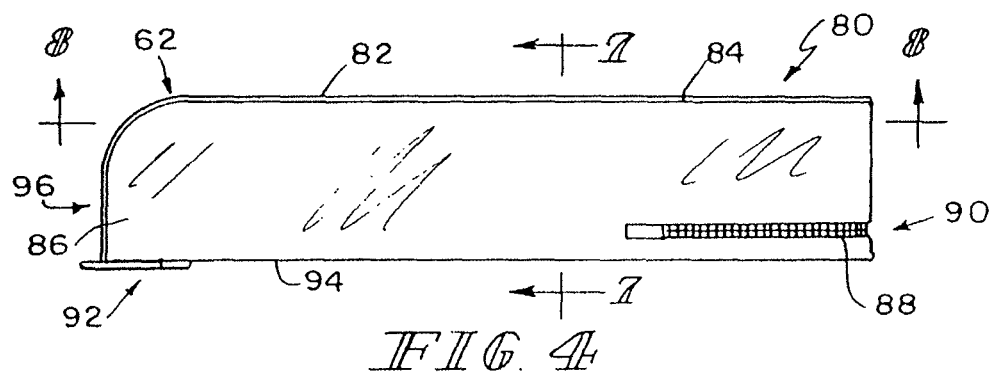


Fig. 2A





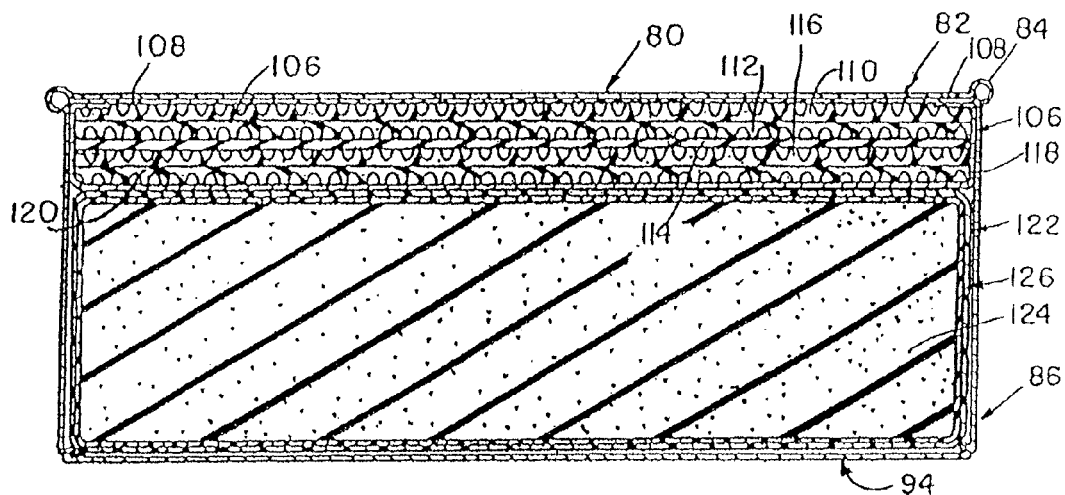


FIG. 7A

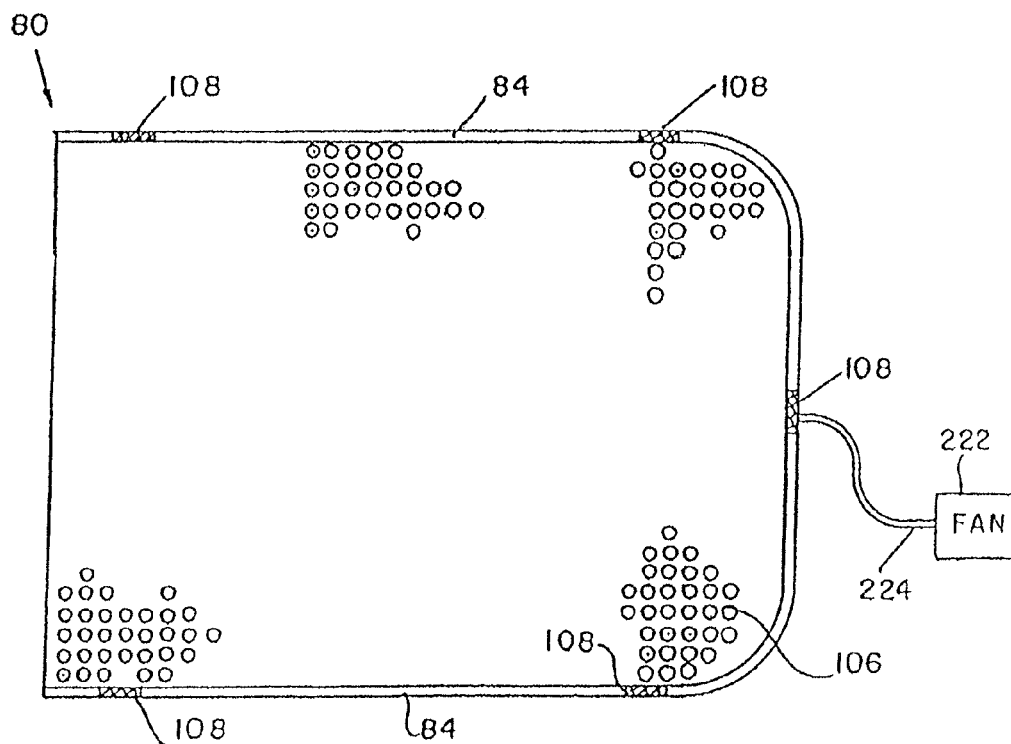


FIG. 8

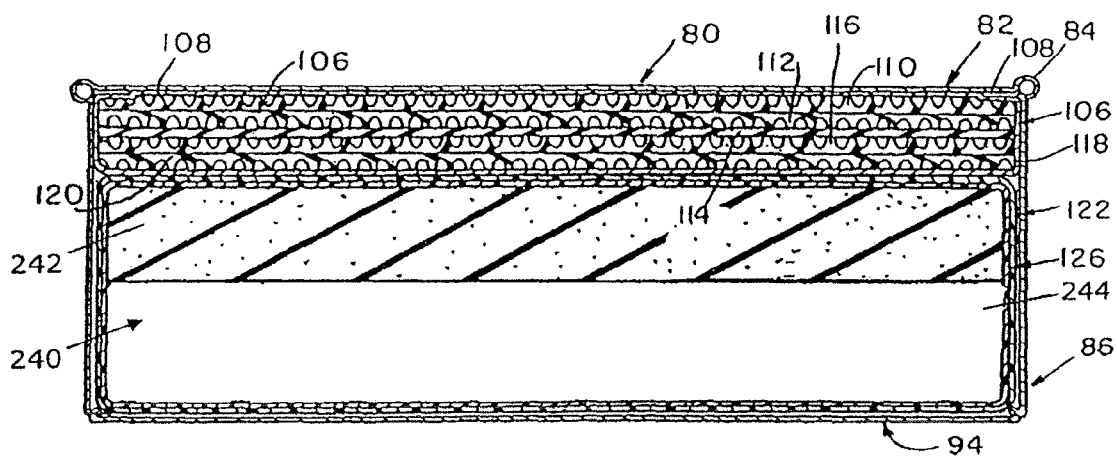


FIG. 7B

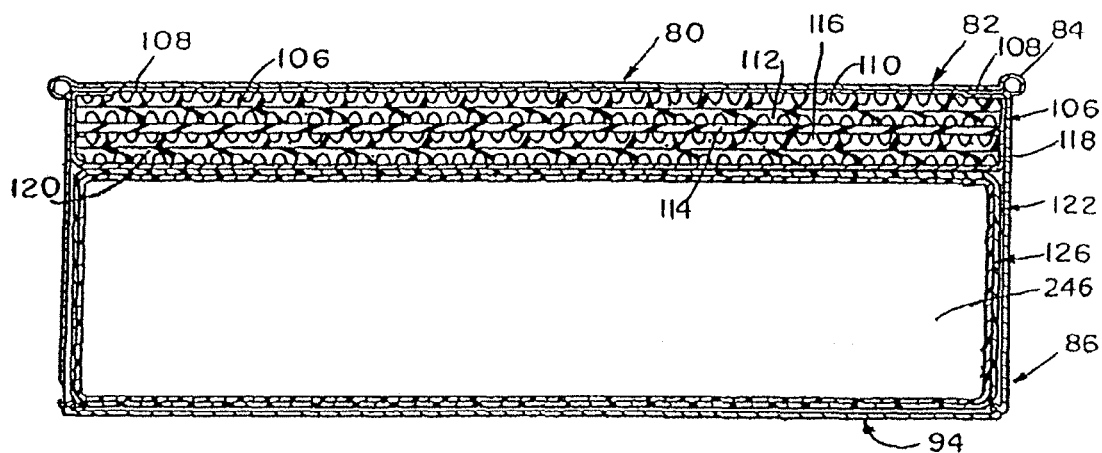


FIG. 7C

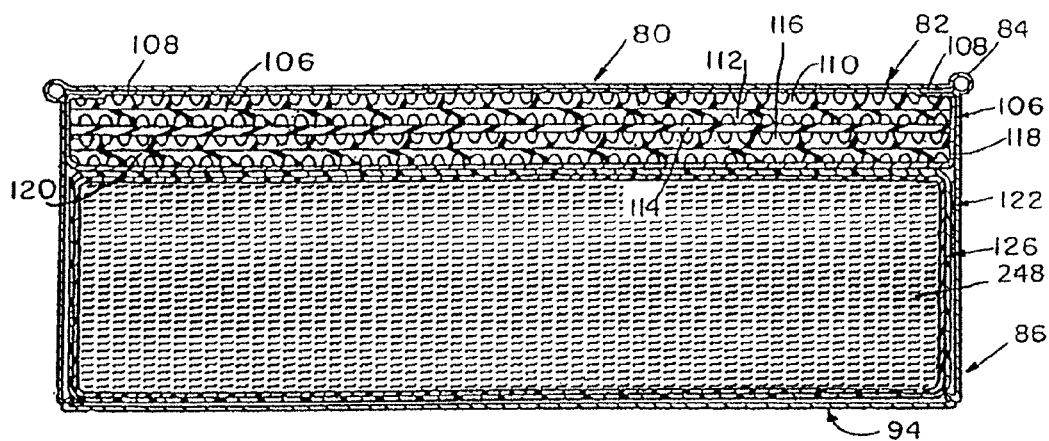


FIG. 7D

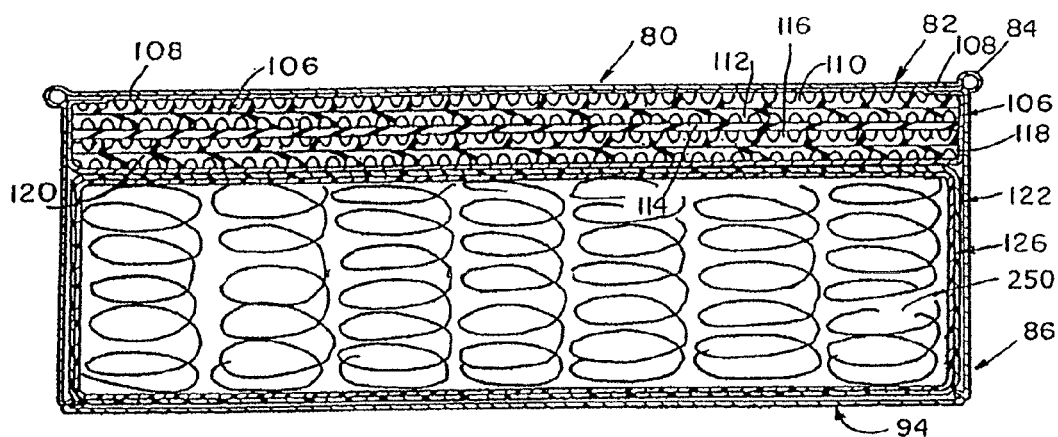


FIG. 7E

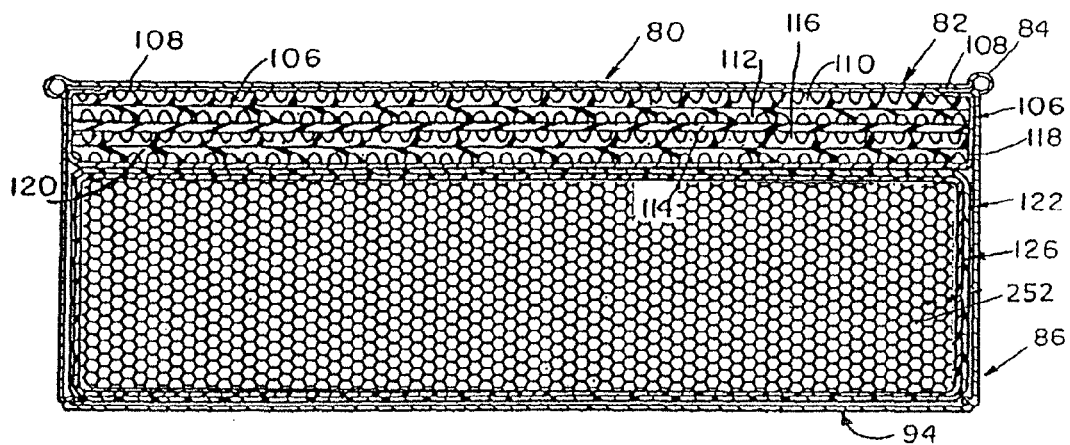


FIG. 7F

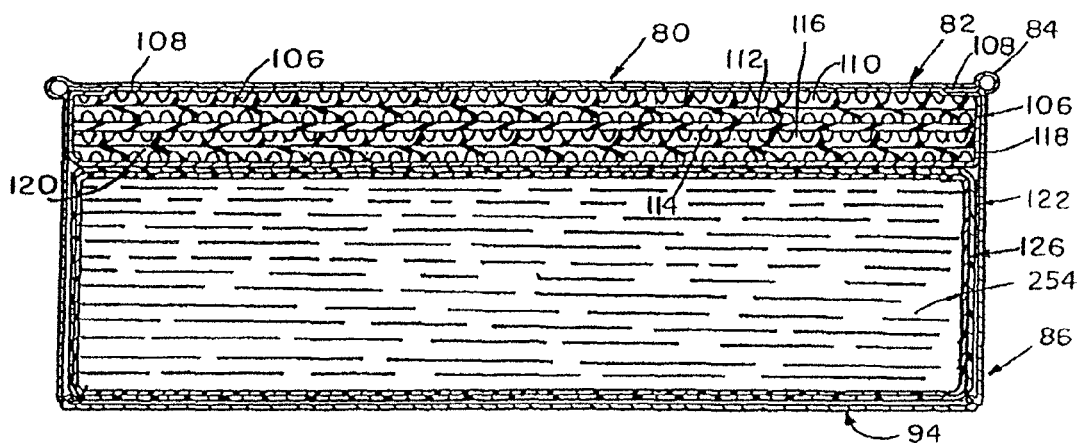


FIG. 7G

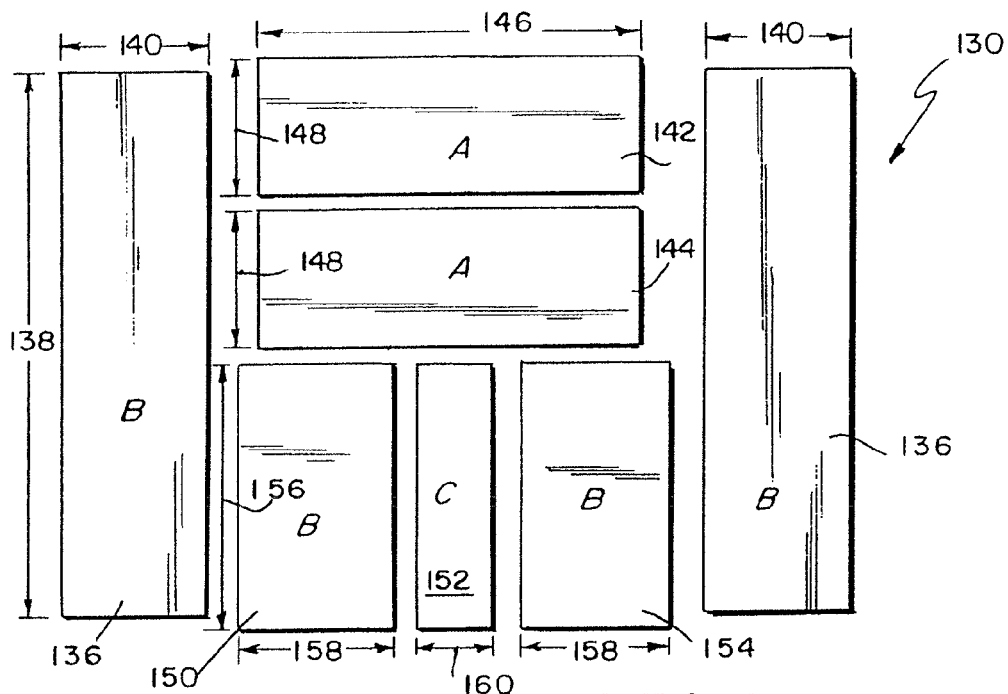


FIG. 9

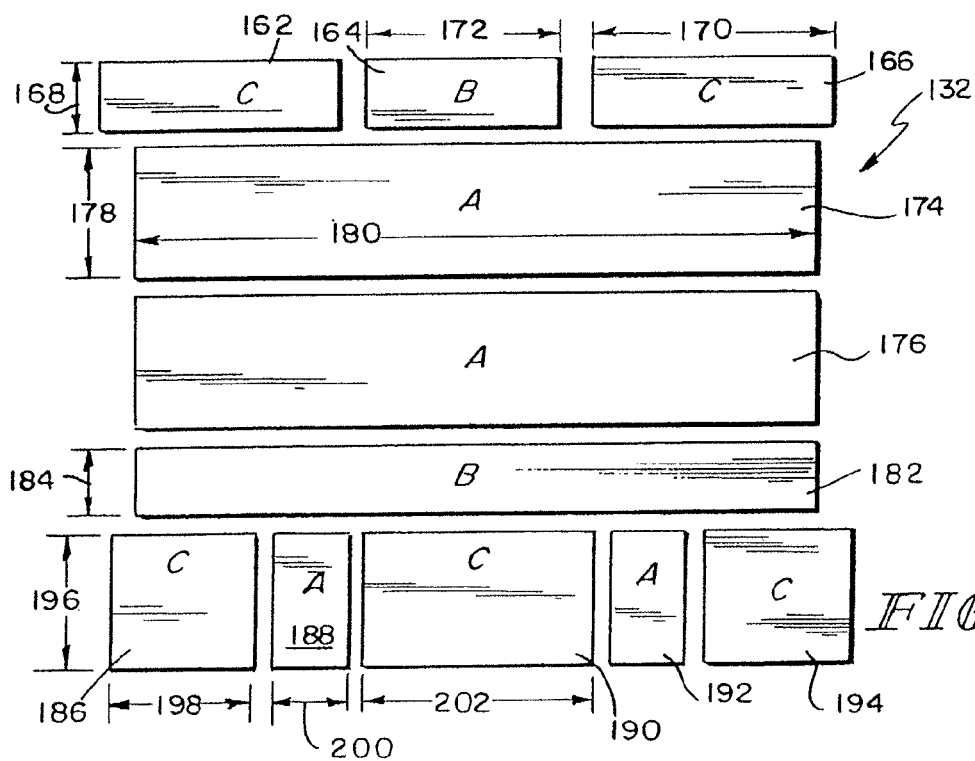


FIG. 10

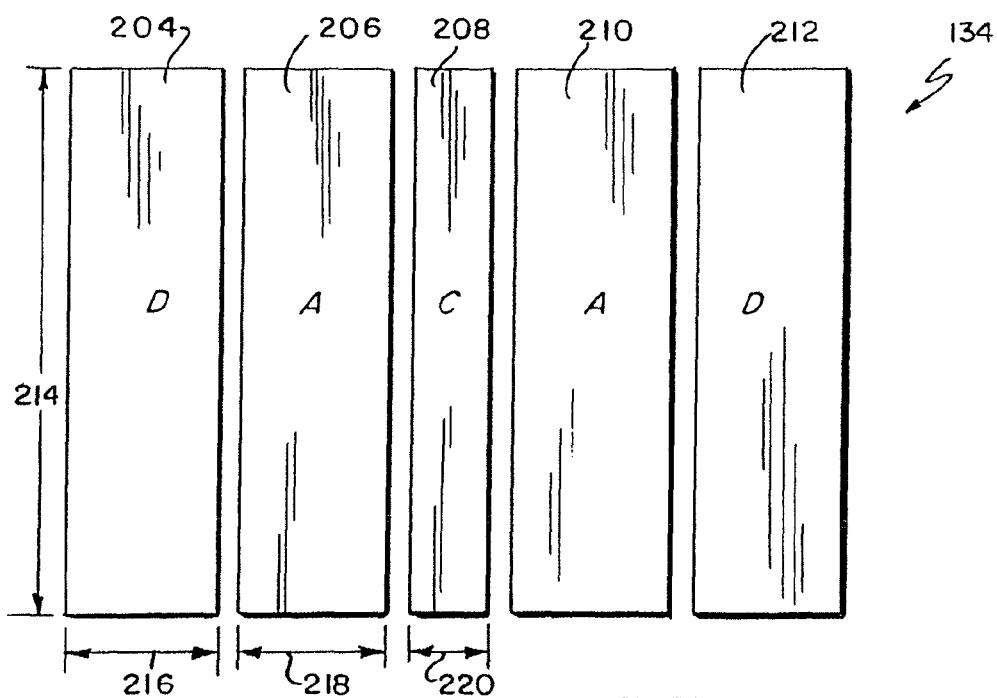


FIG 11

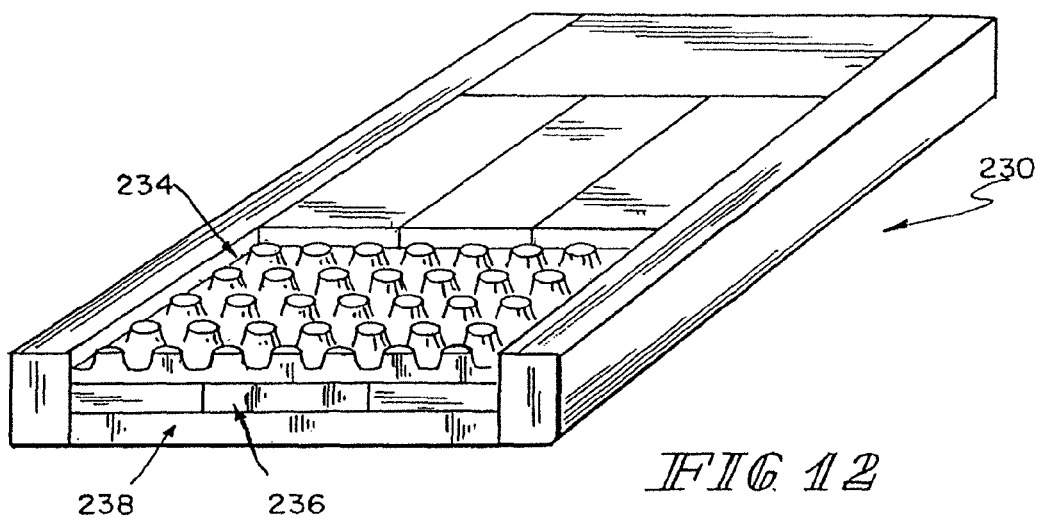


FIG 12

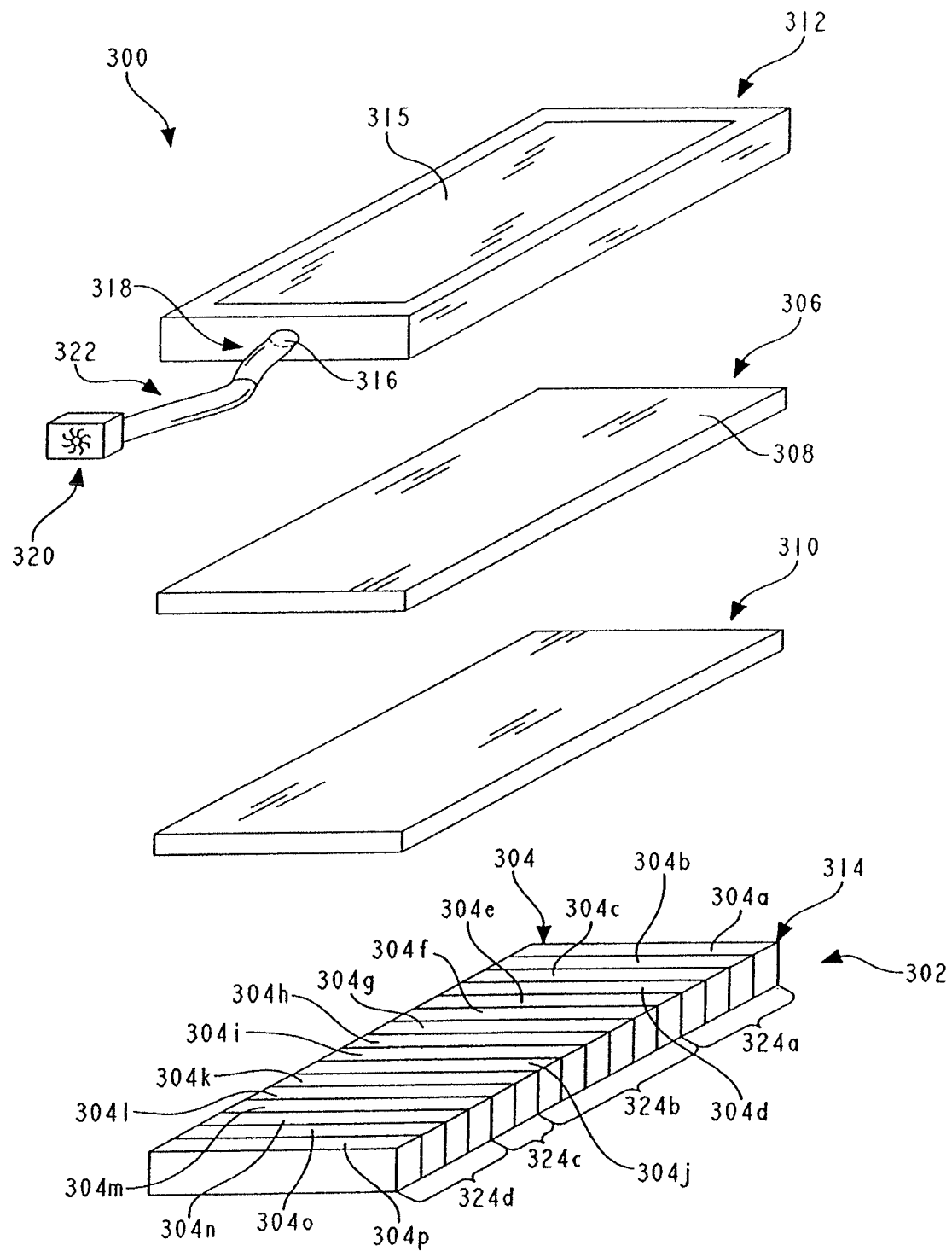


FIG. 13

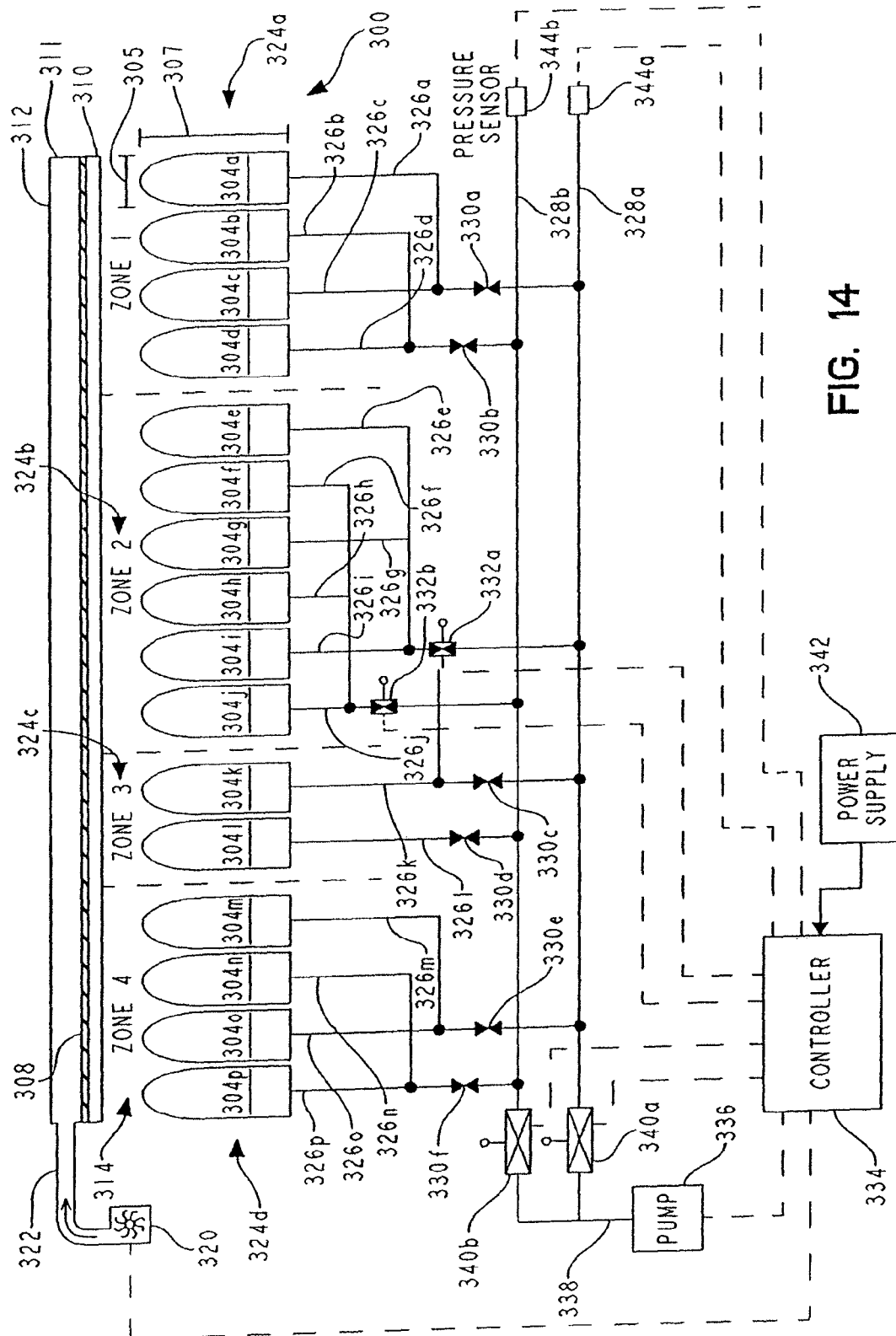


FIG. 14

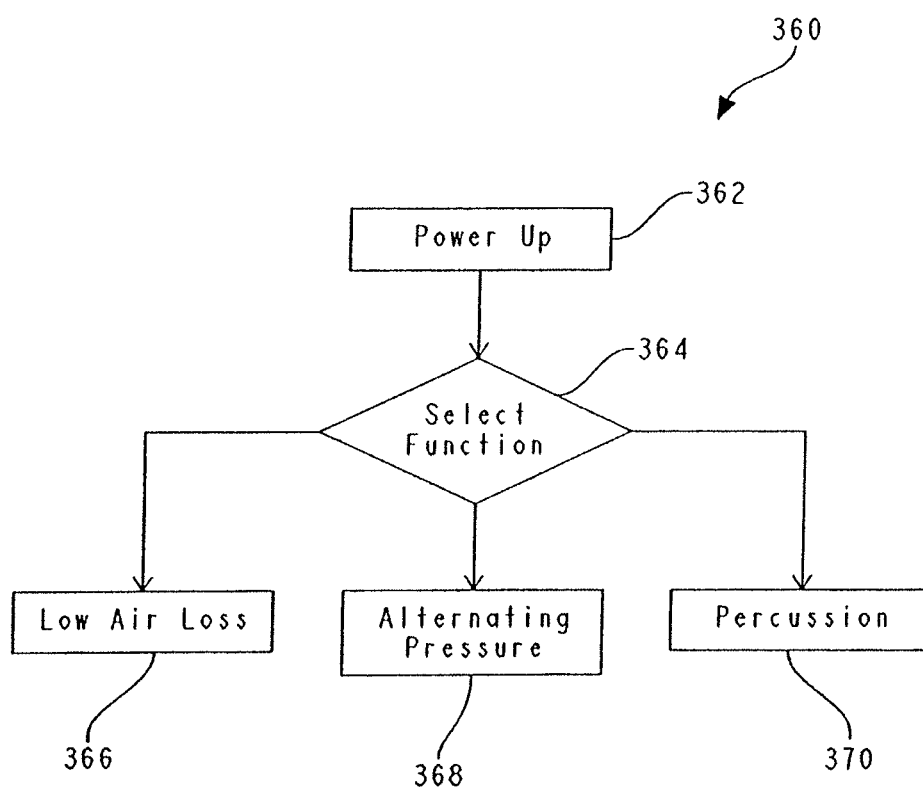
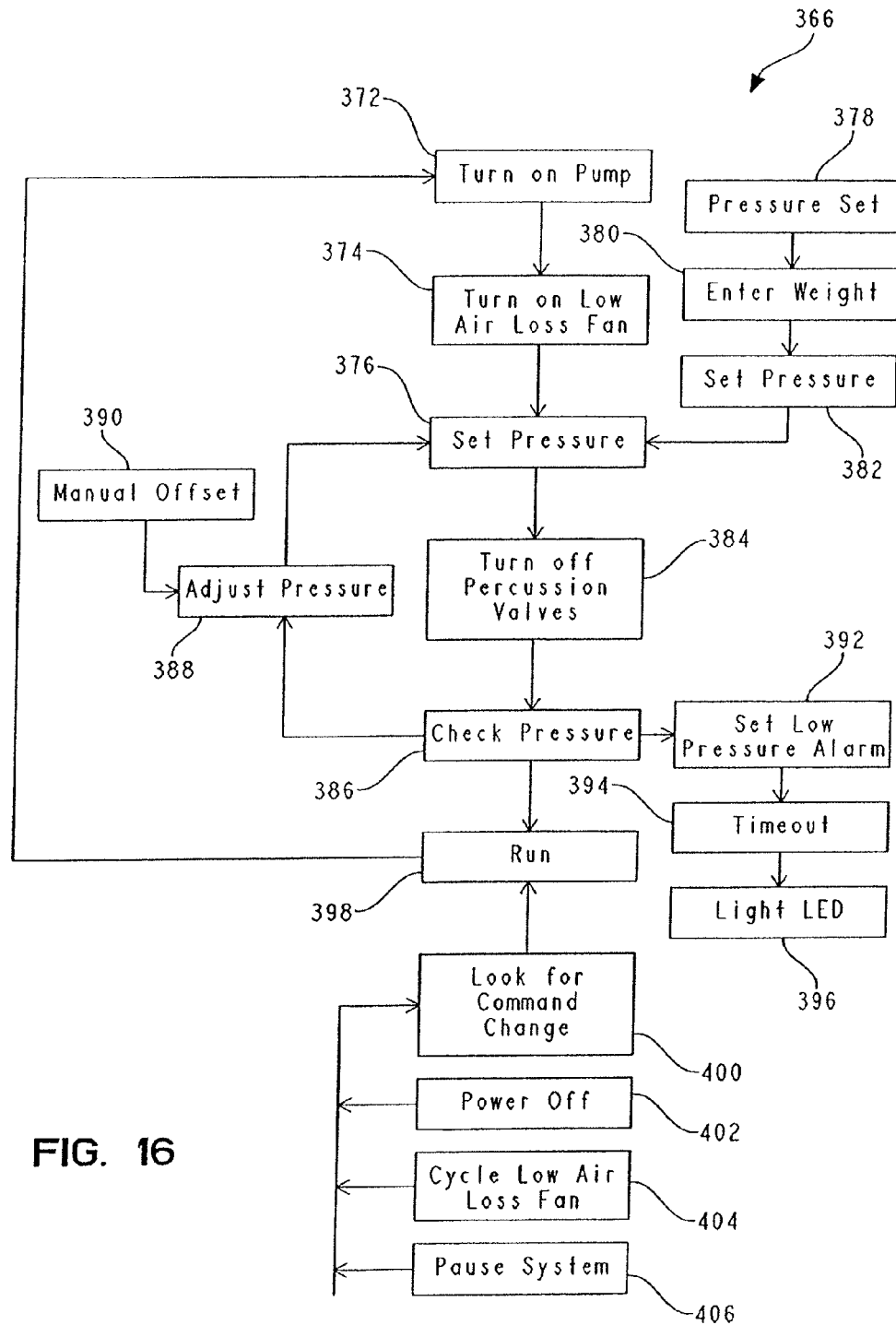


FIG. 15



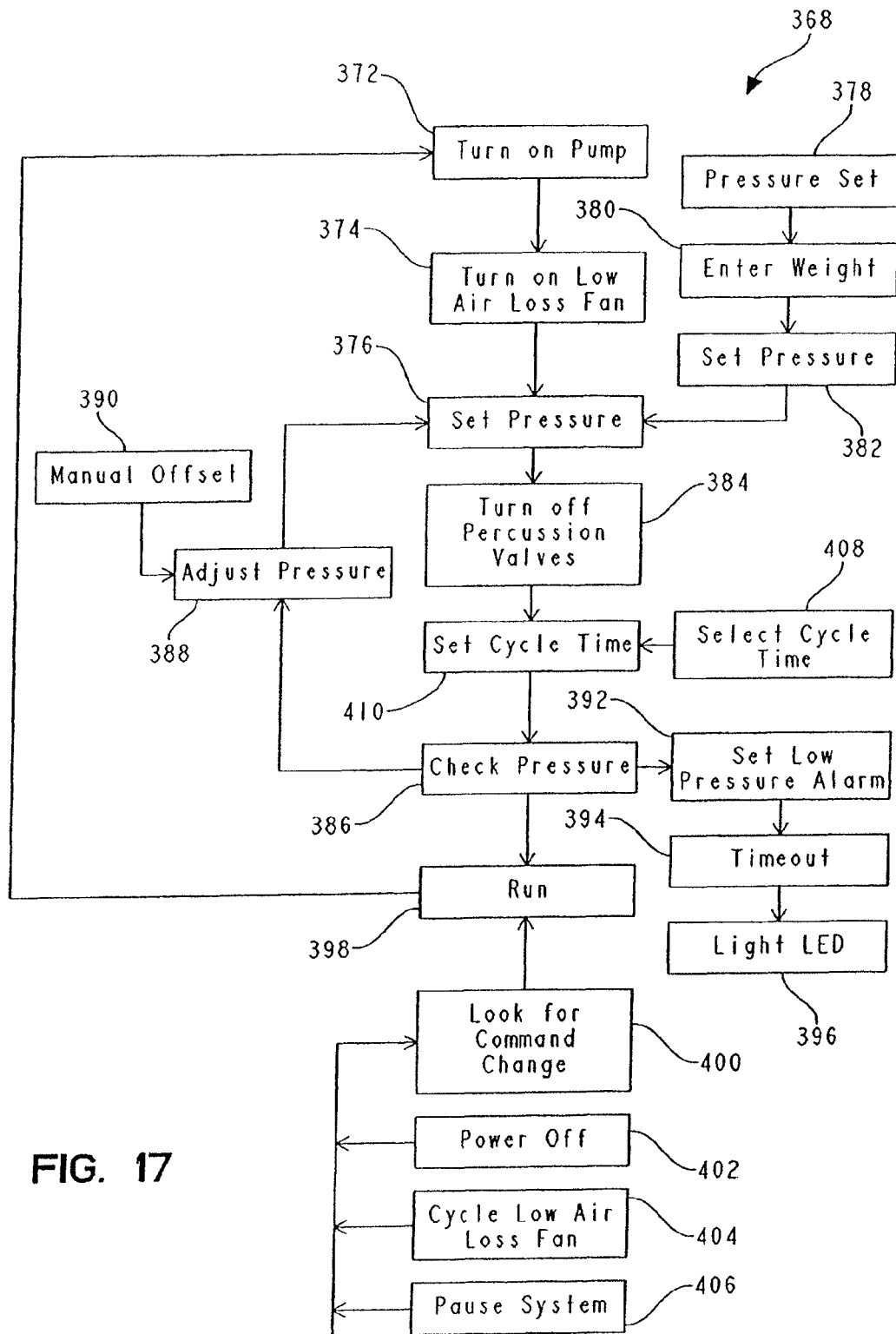


FIG. 17

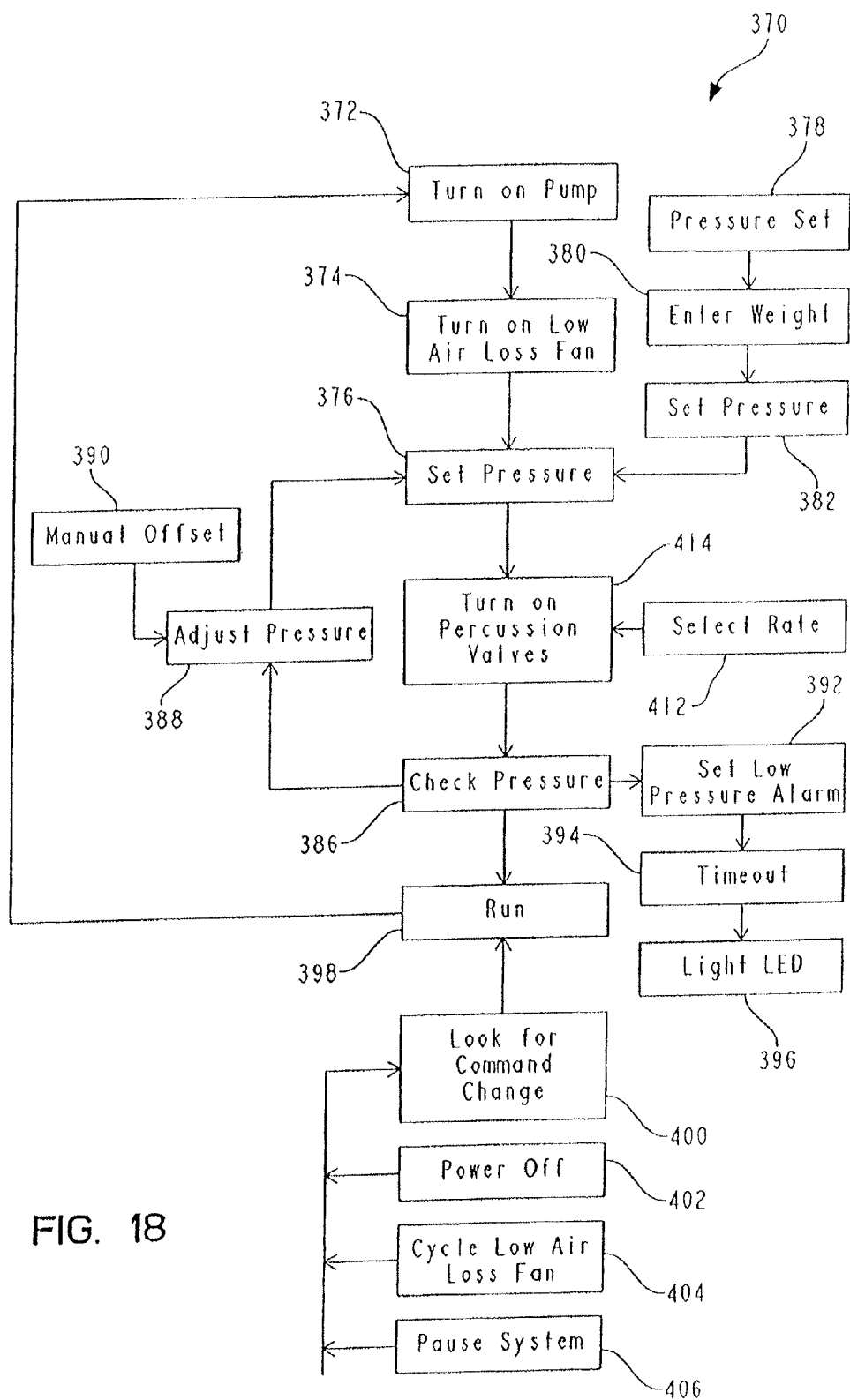


FIG. 18

COVER SYSTEM FOR A PATIENT SUPPORT SURFACE

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of U.S. application Ser. No. 13/107,493, filed May 13, 2001, issued as U.S. Pat. No. 8,601,620, which is a continuation of U.S. application Ser. No. 12/619,133, filed Nov. 16, 2009, now U.S. Pat. No. 7,966,680, which is a continuation of U.S. application Ser. No. 12/359,387, filed Jan. 26, 2009, now U.S. Pat. No. 7,617,555, which is a continuation of U.S. application Ser. No. 11/688,407, filed Mar. 20, 2007, now U.S. Pat. No. 7,480,953, which is a divisional of U.S. application Ser. No. 10/800,952, filed Mar. 15, 2004, now U.S. Pat. No. 7,191,482, which is a continuation-in-part of U.S. application Ser. No. 10/793,723, filed Mar. 5, 2004, now U.S. Pat. No. 7,191,480 and U.S. application Ser. No. 10/800,952 also claimed the benefit of U.S. Provisional Patent Application No. 60/454,978, filed Mar. 14, 2003; U.S. patent application Ser. No. 10/793,723 is a continuation of U.S. patent application Ser. No. 09/921,317, filed on Aug. 2, 2001, now U.S. Pat. Nos. 6,701,556; 6,701,556 is a divisional of U.S. patent application Ser. No. 09/306,601, filed on May 6, 1999, now U.S. Pat. Nos. 6,269,504; 6,269,504 claims the benefit of U.S. provisional application Ser. No. 60/084,411 filed May 6, 1998.

The disclosures of all the above patents and patent applications are expressly incorporated by reference herein.

BACKGROUND AND SUMMARY OF THE INVENTION

This application further expressly incorporates by reference the disclosure of the following: U.S. Pat. No. 4,949,414 issued Aug. 21, 1990 to Thomas et al. titled "Modular Low Air Loss Patient Support System and Methods for Automatic Patient Turning and Pressure Point Relief," U.S. Pat. No. 5,794,288 issued on Aug. 18, 1998 to Soltani et al. titled "Pressure Control Assembly for an Air Mattress," U.S. Pat. No. 6,212,718 issued on Apr. 10, 2001 to Stolpmann et al. and titled "Air-Over-Foam Mattress," U.S. Pat. No. 6,240,584 issued on Jun. 5, 2001 to Perez et al titled "Mattress Assembly," and U.S. Pat. No. 6,415,814 issued on Jul. 9, 2002 to Barry D. Hand et al. titled "Vibratory Patient Support System," and U.S. patent application Ser. No. 09/701,499, now U.S. Pat. No. 6,582,456 issued on Jun. 24, 2003 to Hand et al. and titled "Heated Patient Support Apparatus." This application additionally expressly incorporates by reference the PrimeAire® Therapy Surface and the SilkAir® Therapy System both marketed by Hill-Rom located in Batesville, Ind. and at 4349 Corporate Road, Charleston, S.C. 29405.

The present invention relates generally to patient supports and more specifically patient supports including a spacing structure and an inflatable layer, such as a plurality of air bladders. As used herein, the term spacing structure for convenience is defined to include at least suitable types of "indented fiber layers" and suitable types of "three dimensional engineered materials."

The present invention relates to mattress or cushion structures designed to improve pressure distribution while reducing the overall thickness of the mattress or cushion. The mattress or cushion structures of the present invention illustratively include a foam base on which a spacing structure such as one or more indented fiber layers or other

three dimensional engineered material are placed. The base and the spacing structure are illustratively encased in a cover to provide a mattress or cushion.

While the use of foam in mattresses and cushions is known and the use of three dimensional engineered material is known, the present invention relates to a unique combination of a foam base and three dimensional engineered material layers placed on the foam base. The present invention also contemplates that, in addition to the foam base, an air cushion layer may be used with the foam and the indented fiber layers to further enhance the pressure distribution capabilities of the mattress or cushion. In some embodiments, the base may be primarily, if not solely, an air cushion which is enhanced by at least one three dimensional engineered material layer. In other embodiments, water filled bladders, springs, or zones filled with beads, gel or other such material may be used in the base.

Reference is made to U.S. Pat. Nos. 5,731,062 and 5,454,142 disclosing the three dimensional fiber networks made from textile fabrics that have projections and optional depressions which are compressible and return to their original shape after being depressed. U.S. Pat. Nos. 5,731,062 and 5,454,142 are owned by Hoechst Celanese Corporation, Somerville, N.J. Such material is a synthetic thermoplastic fiber network in flexible sheets having projections and/or indentations for use as cushions and/or impact-absorbing components. The descriptions of such patents are incorporated herein by reference to establish the nature of one example of three dimensional engineered material or indented fiber layer disclosed herein. It will be appreciated, however, that the present invention contemplates use of such layers whether or not they are supplied by Hoechst Celanese Corporation and whether or not they are similar to the SPACENET® product.

It is understood that other types of materials similar to the SPACENET® material may be used. For example, the material may be any type of three dimensional engineered material having a spring rate in both the X and Y axes. Preferably such material is open and breathable to provide air passage through the layer. For instance, Model No. 5875, 5886, 5898, and 5882 materials from Muller Textile, a molded thermoplastic spacer matrix material available from Akzo Nobel, or other suitable material may be used. Therefore, the term "three dimensional engineered material" is meant to include any of these types of materials used in accordance with the present invention.

The concept is to use three dimensional fiber layer networks made from textile fibers that have projections and optional depressions or other structures which are compressible and which return to their original shapes after being compressed or the equivalents of such layers. The SPACENET® fiber networks are typically made by thermo-mechanical deformation of textile fabrics that are in turn made from thermoplastic fibers. In accordance with the present invention other types of layers with individual spring or spring-like protrusions may be used.

It has been found that two or more such layers, hereinafter referred to as "indented fiber layers" for convenience will assist in the pressure distribution when incorporated into an assembly comprising a well designed support base which may comprise foam or some combination of foam and air. The SPACENET® layers are examples of such "indented fiber layers." As used herein, the term spacing structure for convenience is defined to include at least suitable types of "indented fiber layers" and suitable types of "three dimensional engineered materials."

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In the fabrication of a seat cushion, it has been found that improved pressure distribution is provided when the seat cushion is designed to form fit the buttocks of the person sitting on the cushion. When such seat cushions are used by patients who have experienced skin tissue breakdown on their buttocks, the improved pressure distribution will permit the patients to sit up in chairs for greater periods of time for the therapeutic value that accomplishes.

An apparatus of the present invention is therefore configured to support at least a portion of a body thereon. The apparatus includes a cover having an interior region, a base located within the interior region, and a three dimensional engineered material located within the interior region above the base. The three dimensional engineered material and the base cooperate to provide support for the body.

In one embodiment, an apparatus configured to support at least a portion of a body thereon is provided comprising a base portion including a plurality of zones, each zone having associated support characteristics, the base portion configured to provide a static support for the body; a pressure distribution layer supported by at least a first zone of the base portion, the pressure distribution layer including a spacing structure configured to provide air passage there-through and to distribute pressure from the body over a greater area of the first zone; and a cover positioned between the pressure distribution layer and the portion of the body to be supported, the cover being coupled to a first source of air to provide air circulation through the pressure distribution layer. In one example, the base portion includes a plurality of inflatable bladders, each of the plurality of zones including at least one of the plurality of bladders. In one variation, the apparatus further comprises a controller configured to control the pressure in each support zone of the plurality of support zones of the base portion, the controller configured to generally pressurize the first support zone at a first pressure and to generally pressurize a second support zone at a second pressure, the second pressure differing from the first pressure when the base portion is configured to provide a static support.

In a further embodiment, an apparatus configured to support at least a portion of a body thereon is provided comprising an inflatable first layer including a plurality of support zones, a second layer positioned between the first layer and the portion of the body to be supported, the second layer including a spacing structure, and a controller configured to control the pressure in each support zone of the plurality of support zones of the inflatable first layer. In one example, the inflatable first layer is configured to provide a static support surface wherein a first support zone is configured to be generally pressurized at a first pressure and a second support zone is configured to be generally pressurized at a second pressure, the second pressure differing from the first pressure. In another example, the inflatable first layer is configured to provide at least one therapy to the portion of the body supported thereon. In yet another example, the apparatus further comprises a cover configured to confine at least the second layer of the first layer and the second layer and including a first portion positioned adjacent the portion of the body to be supported, the first portion including a moisture vapor permeable material. In one variation, the cover is coupled to a source of air to provide air circulation through the second layer and the through the moisture vapor permeable material of the first portion of the cover.

In another embodiment, an apparatus configured to support at least a portion of a body thereon is provided comprising an inflatable first layer including a plurality of

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support zones, the plurality of support zones including a first support zone which generally corresponds to the chest region of the body, a second layer positioned between the first layer and the portion of the body to be supported, the second layer comprising a spacing structure, a controller configured to control the pressure of each support zone of the first inflatable layer and further to control the pressure of the first support zone to provide a percussion therapy to the chest region of the body, and a cover positioned between the second layer and the portion of the body to be supported. In one example, the cover defines an interior region, the second layer being positioned within the interior region. In one variation, the apparatus further comprises a source of air coupled to the cover such that air is forced through the second layer. In another example, the cover defines an interior region, the second layer being positioned within the interior region, and at least a portion of a top surface of the cover is made from a breathable material, the portion of the top surface and the second layer cooperating to provide cooling for the body supported on the portion of the top surface. In one variation, the apparatus further comprises a source of air coupled to the cover to provide air circulation through the second layer.

Additional features and advantages of the invention will become apparent to those skilled in the art upon consideration of the following detailed description of the illustrated embodiments exemplifying the best mode of carrying out the invention as presently perceived.

BRIEF DESCRIPTION OF THE DRAWINGS

The detailed description particularly refers to the accompanying figures in which:

FIG. 1 is an exploded perspective view of a support surface base according to one embodiment of the present invention;

FIG. 2 is an exploded perspective view of another support surface of the present invention including a base, and a plurality of layers of three dimensional engineered material, and an outer cover;

FIG. 2A is an exploded perspective view of yet another support surface of the present invention including a base, and a plurality of layers of three dimensional engineered material, and an outer cover;

FIG. 3 is an exploded perspective view of another embodiment of the present invention similar to FIG. 2 in which the contoured base is also formed to include a recessed portion configured to receive at least one layer of three dimensional engineered material therein;

FIG. 4 is a side elevational view of another cushion structure of the present invention;

FIG. 5 is a top view of the cushion structure of FIG. 4;

FIG. 6 is a bottom view of the cushion structure of FIGS. 4 and 5;

FIGS. 7A to 7G are sectional views taken along lines 7-7 of FIG. 4;

FIG. 8 is a sectional view taken along lines 8-8 of FIG. 4;

FIG. 9 is a view illustrating components of a top foam layer of a foam base configured to be inserted into an interior region of a cover shown in FIGS. 4-8;

FIG. 10 is a view illustrating components of a middle foam layer of the base;

FIG. 11 is a view illustrating components a bottom foam layer of the base;

FIG. 12 is a perspective view a mattress in accordance with the present invention;

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FIG. 13 is a perspective view of a support comprising a first layer having a plurality of air bladders and a second layer including a spacing structure;

FIG. 14 is a diagrammatic side view of the support FIG. 13 coupled to an air pressure control system;

FIGS. 15-18 are flowcharts corresponding to a first exemplary patient support program to be executed by a controller of the support shown in FIGS. 13 and 14.

DETAILED DESCRIPTION OF THE DRAWINGS

While the invention is susceptible to various modifications and alternative forms, exemplary embodiments thereof have been shown by way of example in the drawings and will herein be described in detail. It should be understood, however, that there is no intent to limit the invention to the particular forms disclosed.

One embodiment of the present invention includes a base 10 upon which the three dimensional engineered material or the indented fiber layers are placed. The base 10 includes a plurality of layers of foam with each layer comprising a plurality of sections or strips of foam such as shown in FIG. 1. The FIG. 1 embodiment comprises four separate layers 12, 14, 16, 18 with each layer comprising a plurality of strips as illustrated. The strips are illustratively bonded together at their edges using conventional bonding techniques. The strips have various ILD ratings to provide desired support characteristics.

Lower layer 12, for instance, has its two outside strips 20 which are illustratively made from 150 ILD rating foam while the three central strips 22 are made from 60 ILD rating foam. The base 10 of FIG. 1 is a lattice structure in which the strips comprising the lower layer 12 are extending from front-to-back while the strips comprising the second layer 14 are extending transversely or side-to-side. The layer 14 comprises five transversely extending strips, the front and back strips 24, 26 being, for example, of 90 ILD rating foam. The three central strips 28 comprising the second layer 12 may be made from a foam having a softer or more deformable ILD rating. The third layer 16 is constructed such that each of its side strips 30 are made from 60 ILD rating foam while its three central strips 32 are made from 30 ILD rating foam as illustrated in FIG. 1.

The uppermost layer 18 has a pair of side strips 34 (extending front-to-back) made from 60 ILD foam. The upper layer 18 also has three transversely extending small pieces 36 at the back of the cushion with ILD ratings of 150, three centrally located sections 38, 40, 42 having a 30 ILD rating, and two side small sections 44, 46 have a 60 ILD rating. It will be appreciated that when these layers 12, 14, 16, 18 are superimposed together, the side edges (front-to-back) are provided largely by foam strips with higher ILD ratings including the first layer 12 side strips 20 with 150 ILD ratings and the third layer 16 with side strips 30 of 60 ILD ratings and the upper layer 18 with its side strips 34 with 60 ILD ratings. In the center of the composite cushion, in all four layers, the foam base 10 has lower ILD rating foam. At the back of the cushion, foam strips with higher ILD ratings including the 90 ILD rating strip 26 in the second layer 14 and the 150 ILD rating strips 36 in the upper layer 18 provide significant rigidity at the back.

With the composite structure shown in FIG. 1, the foam base conforms to the buttocks of the person sitting on the cushion. Alternatively, in accordance with the present invention, a cushion base 50 is formed by sculpting a single piece of foam 52 or a piece of foam made from various composite

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components bonded together to have the contour recessed portions 54 shown in FIG. 2 configured to match a person's anatomy.

The present invention includes placing above such a foam base 10, 50, one or more indented fiber layers or other such three dimensional engineered material layers over the base 10, 50. Typically, two to four such layers 60 are provided as illustrated in FIG. 2 and FIG. 2A. The foam base 10, 50 and the plurality of layers 60 are then encased in a cover 62 as shown in FIG. 2 and FIG. 2A. Details of the three dimensional engineered material layers are discussed above.

In FIG. 3, a sculptured molded foam base 70 includes a contoured center portion 72 and is a cutout or recessed section 74 which is filled with at least one layer of three dimensional engineered material 76. A plurality of layers 60 similar to FIG. 2 are then placed over base 70. Base 70 and layers 60 are then located inside cover 62.

Another embodiment of the present invention is illustrated in FIGS. 4-11. FIGS. 4-8 illustrate a cushion 80 having a top surface 82 and surrounding piping 84. Side walls 86 are illustratively made from heavy material which permits air to pass through. A zipper 88 is provided adjacent a rear portion 90 of the cushion 80 to provide access to an interior region. A handle 92 is coupled to a bottom surface 94 adjacent a front portion 96 of the cushion 80. FIG. 6 illustrates additional details of the handle 92. Handle 92 includes a central gripping portion 98 and ends 100 and 102 which are coupled to the bottom surface 94 by suitable means such as sewing, RF welding, or other suitable attachment. A label 104 is also located on the bottom surface 94.

Further details of the cushion 80 are shown in FIGS. 7 and 8. Illustratively, the cushion includes a plurality of layers of three dimensional engineered material 106 located adjacent top surface 82. Top surface 82 is illustratively made from a breathable material such as Lycra. The three dimensional engineered material 106 is illustratively coupled to the outer piping 84 by suitable attachment such as stitching, welding, gluing, etc. at a plurality of locations as indicated by reference number 108 in FIGS. 7 and 8. Therefore, the engineered material layers 106 are permitted to float or move relative to the top surface 82 of the cushion 80. Illustrative examples of the different types of three dimensional engineered material 106 are discussed above.

In the illustrated embodiment, four layers of Spacenet material are used including a top layer 110 with the indentations pointing upwardly, a second layer 112 with the indentations pointing downwardly, a central spacer layer 114 below layer 112, a layer 116 with the indentations pointing upwardly, and a layer 118 with the indentations pointing downwardly. Therefore, the layer of the three dimensional engineered material 106 is provided within the cover 62 of the cushion 80.

Cushion 80 further includes an inner plastic cover 122 surrounding a foam base 124. As discussed above, the foam base 124 can be a single piece of foam, a plurality of foam sections having different densities and ILDs stacked lengthwise or widthwise, or a plurality of layers of foam having different densities and ILDs.

As further illustrated in FIG. 7B, a base 240 includes a foam base 242 and an air base 244. FIG. 7C illustrates a base 246 of air. FIG. 7D illustrates a base 248 of water. FIG. 7E illustrates a base 250 of springs. FIG. 7F illustrates a base 250 of beads. FIG. 7G illustrates a base 254 of gel.

A fire sock 126 is located between the plastic cover 122 and the foam base 124. Bottom surface 94 is illustratively made from an anti-skid material such as a dipped open weave nylon material.

Another embodiment of the foam base is illustrated in FIGS. 9-11. A top layer **130** of foam base **124** is illustrated in FIG. 9. A middle layer **132** of foam base **124** is illustrated in FIG. 10, and a bottom layer **134** of foam base **124** is illustrated in FIG. 11. It is understood that all the separate foam sections are glued together to form a substantially continuous layer of material for each of the three layers **130**, **132**, **134**. Top layer **130** is glued to middle layer **132**, and middle layer **132** is glued to the bottom layer **134**.

Each of the foam sections is labeled with designations A, B, C, or D. These designations indicate the ranges of densities, and ILDs of the various foam sections to be discussed. The specifications for the foam sections are illustratively as follows:

Foam Section	Density	ILD	Type
A	1.7-1.8	40-47	1745
B	3.0	61-71	Q61
C	1.7-1.8	90-100	LH96X
D	4.0-4.25	171-181	Z171

Top foam layer **130** includes outer sections **136** illustratively having a length dimension **138** of 16 inches and width dimension **140** of 4 inches. Two sections **142** and **144** are located adjacent a back portion of top layer **130**. In other words, section **142** is located adjacent back portion **90** within the cushion **80**. Sections **142** and **144** each have a width dimension **146** of 10 inches and a length dimension **148** of 4 inches. Top layer **130** further includes front sections **150**, **152** and **154**. Sections **150** and **154** each have length dimensions **156** of 8 inches and width dimensions **158** of 4 inches. Central section **152** has a length dimension of 8 inches and a width dimension **160** of 2 inches. It is understood that dimensions used in FIGS. 9-10 are for illustrative purposes only. Sections having different widths and lengths may be used depending upon the size of the cushion and firmness characteristics desired.

Middle layer **132** is illustrated in FIG. 10. Middle layer **132** includes three back sections **162**, **164**, and **166**. Outer back sections **162** and **166** each have a length dimension **168** of 2 inches and a width dimension **170** of 6.5 inches. Center back section **164** has a length of 2 inches and a width dimension **172** of 5 inches. Middle layer **132** further includes two low density, low ILD layers **174** and **176**. Layers **174** and **176** each have a length dimension **178** of 4 inches and a width dimension **180** of 18 inches. A slightly higher ILD section **182** is located adjacent section **176**. Section **182** has a width dimension of 18 inches and a length dimension **184** of 2 inches. Middle layer **132** further includes a plurality of front foam sections **186**, **188**, **190**, **192**, and **194**. Outer sections **196** and **194** have a length dimension **196** of 4 inches and a width dimension **198** of 4 inches. Sections **188** and **192** each have a width dimension **200** of 2 inches and length dimension of 4 inches. Center section **190** has a length dimension of 4 inches and a width dimension **202** of 6 inches.

Bottom layer **134** is illustrated in FIG. 11. Illustratively, bottom layer **134** includes five sections **204**, **206**, **208**, **210**, and **212** extending front to back. Outer sections **204** and **212** have a high density and high ILD. Outer sections **204** and **212** each have a length dimension **214** of 16 inches and width dimension **216** of 4 inches. Sections **206** and **210** are located inwardly of outer sections **204** and **212**, respectively. Sections **206** and **210** each have a low density and low ILD. Sections **206** and **210** have a length dimension of 16 inches

and a width dimension **218** of 4 inches. Center portion **208** has a relatively high ILD. Central section **208** has a length dimension of 16 inches and a width dimension **220** of 2 inches. After the top layer **130**, the middle layer **132**, and the bottom layer **134** are all coupled together to form a base **124**, the base **124** is inserted into the cover **62** as illustrated above to form an improved seating cushion **80**.

In another embodiment of the present invention, a fan **222** is coupled to the cushion **80**. Illustratively, fan **222** is coupled to the cushion **80** by a tube **224** as shown in FIG. 8. Fan **222** may be packaged to sit on the floor or may include a bracket for coupling the fan **222** to a wheelchair, chair, bed, etc. The fan **222** forces air through the three dimensional engineered material **106** and top surface **82** to provide cooling for a person situated on the cushion **80**.

As illustrated in FIG. 12, the apparatus of the present invention may also be used in a mattress or other support surface **230**. The zones of the mattress **230** are illustratively made from foam sections having different densities and ILD ratings. In addition, the mattress **230** includes a foot end **232** having three dimensional engineered material **234** located therein above foam layers **236** and **238**. The fan **222** may also be coupled to the support structure illustrated in FIG. 12 to provide air flow and cooling through zone **232**.

In one embodiment, the support described above including the spacing structure is provided as an overlay to a second support comprising a plurality of air bladders configured to provide at least one type of therapy including alternating pressure therapy, percussion and vibratory therapy, or rotational therapy. Exemplary aspects of alternating pressure therapy, percussion or vibration therapy, rotational therapy, and the configurations of a support to perform the same are shown in U.S. Pat. No. 4,949,414 issued Aug. 21, 1990 to Thomas et al. titled "Modular Low Air Loss Patient Support System and Methods for Automatic Patient Turning and Pressure Point Relief," the disclosure of which is herein, expressly incorporated by reference and U.S. Pat. No. 6,415,814 issued on Jul. 9, 2002 to Barry D. Hand et al. and titled "Vibratory Patient Support System," the disclosure of which is herein expressly incorporated by reference. In one example, the overlay support including the spacing structure is generally a sealed overlay. In a further example, the overlay support includes a cover made from a breathable material. In another example, the overlay support including the spacing structure is configured to provide a low air loss therapy.

As illustrated in FIG. 13, the apparatus of the present invention is also used in a support or cushion **300**. Support **300** includes a first layer **302** configured to provide at least one type of therapy including alternating pressure therapy, percussion and vibratory therapy, or rotational therapy including a plurality of air bladders **304a-p** and a second layer **306** including a spacing structure **308**. Spacing structure **308** in one embodiment comprises one or more indented fiber layers or other such three dimensional engineered material layers having a plurality of resilient members. In one example the SPACENET® material is used as spacing structure **308**.

In one example, first layer **302** provides a generally constant pressure profile across air bladder **304a-p**. In a further example, first layer **302** is configured such that combinations of adjacent air bladders **304a-p** define body support zones which support different portions of the patient at different pressures. In another example, first layer **302** is configured to provide an alternating pressure therapy wherein every other or every third or other multiple of air bladders **304a-p** are plumbed together to define bladder sets

such that a patient may be supported by first layer **302** while simultaneously relieving pressure points by cyclically dropping and/or elevating the pressure in the respective bladder sets. In one variation, all of air bladders **364a-p** provide an alternating pressure therapy. In another variation, at least two of the air bladders **304a-p** provide an alternating pressure therapy. In yet a further example at least one of the air bladders **304a-p** is configured to provide a percussion therapy wherein the pressure of the at least one air bladder **304a-p** is dropped and elevated at a rate sufficient to and amount to impart a vibration to the patient. In one variation, the vibration is directed at a chest region of the patient to aid in the breakdown of undesired materials in the lungs of the patient. In still a further example at least one of air bladders **304a-p** is configured to provide a rotational therapy to the patient. Exemplary aspects of alternating pressure therapy, percussion or vibration therapy, rotational therapy, and the configurations of a support to perform the same are shown in U.S. Pat. No. 4,949,414 issued Aug. 21, 1990 to Thomas et al. titled "Modular Low Air Loss Patient Support System and Methods for Automatic Patient Turning and Pressure Point Relief," the disclosure of which is herein expressly incorporated by reference and U.S. Pat. No. 6,415,814 issued on Jul. 9, 2002 to Barry D. Hand et al. and titled "Vibratory Patient Support System," the disclosure of which is herein expressly incorporated by reference.

In the illustrated embodiment, an impermeable sheet **310** is positioned between spacing structure **308** and the plurality of air bladders **304a-p** and is configured to keep fluids and moisture away from bladders **304a-p**. A cover **312** overlays spacing structure **308** and is secured to impermeable sheet **310** with a suitable fastener **311**. Example suitable fasteners include snaps, hook and loop fasteners, or zippers. As such, cover **312** and impermeable sheet **310** cooperate to enclose spacing structure **308** within an interior region between cover **312** and impermeable sheet **310**. The combination of spacing structure **308**, impermeable sheet **310**, and cover **312** is portable and can be placed upon any suitable support layer, such as first layer **302** including plurality of bladders **304a-p**. It is further contemplated that cover **312**, and/or impermeable sheet **310** is configured to be secured to first layer **302** with a suitable fastener.

Alternatively, the cover and the impermeable sheet are made as a single unit or bag with an opening wherein the spacing structure is placed in an interior region thereof. The opening is closed with any suitable fasteners, such as snaps, hook and loop fasteners, or zippers. The single unit or bag may then be placed upon and/or coupled to any suitable support layer, such as first layer **302** including plurality of bladders **304a-p**.

As a further alternative, a top portion **314** of first layer **302**, such as the top portions of air bladders **304a-p** are made from an impermeable material and combine to form an impermeable sheet. As such, spacing structure **308** is placed in the interior region formed by cover **312** add the impermeable sheet created by the top portion of the first layer. Cover **312** is secured to first layer **302** with any suitable fasteners, such as snaps, hook and loop fasteners, or zippers.

As yet a further alternative, the cover is a single unit or bag with an opening wherein spacing structure **308** and first layer **302** including the impermeable sheet formed from the top portion of first layer **302** are placed in an interior thereof. As such, the cover encloses both the first layer and the second layer.

As still a further alternative, the cover is a single unit with an opening wherein spacing structure **308** is placed. The cover and spacing structure **308** are then positionable and/or

securable to first layer **302**. As such, the cover is interposed between the impermeable sheet of first layer **302** and spacing structure **308**.

Referring back to the illustrative embodiment shown in FIG. **13**, a top portion **315** of cover **312** is made from a moisture vapor permeable material which allows air and moisture to pass there through. Illustratively, a coupler **318** is attached to cover **312** and is configured to be coupled to a source of air, such as fan **320**, through a tube **322**. As such, air supplied by fan **320** passes through tube **322** and enters the interior region between cover **312** and impermeable sheet **310** through opening **316** in cover **312**. The air entering opening **316** is forced through spacing structure **308** and exits top portion **315** of cover **312** to provide cooling for a person being supported by support **300**. In one example, fan **320** includes a heating element such that the air provided to the interior region may be heated above the ambient temperature. In one variation controller **334** controls the heating element and thus the temperature of the air.

In an alternate embodiment, cover **312** includes a plurality of apertures in the top portion to provide low air loss therapy. In another example, top portion **315** of cover **312** is formed to contain a heating element such as Gorix™ material. Controller **334** is electrically coupled to the heating element. The heating element is used to warm the patient on support **300**. An example support incorporating a heating material is disclosed in copending U.S. patent application Ser. No. 09/701,499, now U.S. Pat. No. 6,582,456, filed on Nov. 29, 2000 by Hand et al. and titled "Heated Patient Support Apparatus," the disclosure of which is herein, expressly incorporated by reference.

In another alternate embodiment first layer **302** is combined with a low air loss layer comprising a plurality of air chambers such as the mattress assembly shown in at least one of U.S. Pat. No. 5,794,288 issued on Aug. 18, 1998 to Soltani et al. titled "Pressure Control Assembly for an Air Mattress," U.S. Pat. No. 6,240,584 issued on Jun. 5, 2001 to Perez et al titled "Mattress Assembly," and the SilkAir® Therapy System both sold by Hill-Rom located in Batesville, Ind. and at 4349 Corporate Road, Charleston, S.C. 29405.

In one embodiment, wherein support **300** does not provide low air loss therapy, cover **312** of support **300** still overlays spacing structure **308** as described above, however cover **312** does not include a portion made from a moisture vapor permeable material. Support **300** does further include a pad (not shown) including a wicking material that is positionable upon cover **312** and securable to cover **312** or other portions of support **300**. The wicking material is configured to pull moisture away from the patient positioned on the pad such that the skin of the patient can be kept generally dry.

Referring to FIG. **14**, in one embodiment, a width of individual air bladders **304a-p** of first layer **302**, illustratively such as a width **305** of air bladder **304a** is preferably between about 1 inch to about 2.5 inches, between about 1 inch to about 2 inches, or between about 1.5 inches to about 2.5 inches and a height of individual air bladders **304a-p**, illustratively, such as a height **307** of air bladder **304a** is about 6 inches to about 8 inches. The preferred width **305** of air bladder **304a** reduces the amount of shear experienced by a patient lying on support **300** when at least a portion of support **300** is configured to provide alternating pressure as compared to larger bladder widths, such as about 6 inches to about 8 inches.

In one embodiment, first layer **302** is divided into a plurality of support zones **324a-d**. Support zone **324a** gen-

erally corresponds to the leg and foot region of the patient supported on support **300**. Support zone **324b** generally corresponds to the seat and thigh region of the patient supported on support **300**. Support zone **324c** generally corresponds to the chest region of the patient supported on support **300**. Support zone **324d** generally corresponds to the head region of the patient supported on support **300**. Although, four support zones are shown, it is within the scope of the present invention to have various configurations comprising one or more support zones.

Each support zone **324a-d** contains at least one bladder **304** and preferably includes a plurality of bladders. As shown in FIGS. **13** and **14**, support zone **324a** includes bladders **304a-d**, support zone **324b** includes bladders **304e-j**, support zone **324c** includes bladders **304k** and **304l**, and support zone **324d** includes bladders **304m-p**. Further, it is within the scope of the present invention to vary either the overall number of air bladders or the number of air bladders in at least one support zone or both.

Air is supplied to each bladder **304a-p** through bladder supply lines **326a-p** coupled to respective bladders **304a-p** as illustratively shown in FIG. **14**. Bladder supply lines **326a-p** are supplied by one of two main supply lines **328a** and **328b**. In an alternative embodiment a single main supply line is coupled to all of the bladder supply lines. In a further alternate embodiment, three or more supply lines are coupled to various groupings of air bladders.

Illustratively, each bladder supply line **326a-p** is coupled to either main supply line **328a** or main supply line **328b** through a fixed valve **330** or a three-way valve **332**. As shown in FIG. **14**, bladders **304a** and **304c** are coupled to line **328a** through fixed valve **330a**, bladders **304b** and **304d** are coupled to line **328b** through fixed valve **330b**, bladders **304e**, **304g**, and **304i** are coupled to line **328a** through three-way valve **332a**, bladders **304f**, **304h**, and **304j** are coupled to line **328b** through three-way valve **332b**, bladder **304k** is coupled to line **328a** through fixed valve **330c**, bladder **304l** is coupled to line **328b** through fixed valve **330d**, bladders **304m** and **304o** are coupled to line **328a** through fixed valve **330e**, bladders **304n** and **304p** are coupled to line **328b** through fixed valve **330f**. The configuration shown in FIG. **14** is for illustrative purposes and it is within the scope of the present invention to use only three-way valves, only fixed valves, or other configurations of three-way valves and fixed valves to couple the air bladders to the supply lines. Further it is within the scope of the present invention to use variable valves such as electronic control valves.

Fixed valves **330a-f** are configured to control the rate of flow into and out of corresponding air bladder **304a-d**, **304k** and **304l**, and **304m-p**. In one embodiment, fixed valves **330a-f** each are configured to permit the same rate of fluid flow into and out of corresponding air bladder **304a-d**, **304k** and **304l**, and **304m-p**. In another embodiment, fixed valves **330** of at least one support zone **324** of support zones **324a-d** is configured to permit a different rate of fluid flow into and out of the corresponding bladders **304**, such that the at least one support zone is inflatable to a different pressure than the remaining support zones. In yet another embodiment, at least one of fixed valves **330a-f** is replaced with a variable valve wherein the rate of fluid flow into and out of the corresponding bladder **304** is adjustable. In one example, the variable valve is an electronic control valve that is configured to communicate with controller **334** and to adjust the rate of flow based on a signal provided by controller **334**.

Three-way valves **332a** and **332b** are configured to couple respective air bladders **304e**, **304g**, **304i** and **304f**, **304h**,

304j to respective supply lines **328a** and **328b** in a first orientation and to vent respective air bladders **304e**, **304g**, **304i** and **304f**, **304h**, **304j** to atmosphere in a second orientation. Three-way valves **332a** and **332b** are provided in zone **324b** to permit zone **324b** to provide a percussion therapy while zones **324a**, **324c**, and **324d** maintain a constant pressure profile or provide an alternating pressure therapy. In a first example, zones **324a**, **324c**, and **324d** are held at a constant pressure profile, although potentially a different pressure profile for each respective zone, and zone **324b** is configured to provide an alternating pressure therapy or a percussion therapy. In a second example, zones **324a**, **324c**, and **324d** are configured to provide an alternating pressure therapy and zone **324b** is configured to provide a percussion therapy.

As stated earlier air is supplied to bladders **304a-p** from supply lines **328a** and **328b**. Supply lines **328a** and **328b** are coupled to an air supply, such as pump **336**, through three-way valves **340a** and **340b**, respectively. Any air supply and three-way valves **340a** and **340b** known to one skilled in the art of mattresses and hospital equipment can be provided for the operation of the present invention. Three-way valves **340a** and **340b** are configured to couple corresponding main supply lines **328a** and **328b** to air supply **336** in a first orientation and to couple corresponding main supply lines **328a** and **328b** to atmosphere in a second orientation. When pump **336** is coupled to at least one of supply lines **328a** and **328b**, the pressure in the at least one of supply lines **328a** and **328b** is proportional to the output of pump **336**. Pressure sensors **344a** and **344b** monitor the pressure in the respective supply lines **328a** and **328b**.

Controller **334** is configured to control the operation of pump **336**, three-way valves **332a** and **332b**, and three-way valves **340a** and **340b**. Further, if any of fixed valves **330a-f** are variable valves, such as electronic control valves, controller **334** can control the variable valve. Further, pressure sensors **344a** and **344b** are connected to controller **334** such that controller **334** can monitor the pressure of supply lines **328a** and **328b**. In one example, pressure sensors (not shown) are provided between bladders **304a-p** and valves **330a-f** and **332a** and **332b** such that controller **334** can monitor the pressure of the air supplied to air bladders **304a-p**. In another example, pressure sensors (not shown) are provided in the interior of at least one of air bladders **304a-p** such that controller **334** can monitor the pressure inside the at least one of air bladders **304a-p**. Exemplary controllers, valves, pressure sensors, and overall air pressure systems are shown in U.S. Pat. No. 6,212,718 issued on Apr. 10, 2002 to Stolpmann et al. titled "Air-Over-Foam Mattress" and in the PrimeAire® Therapy Surface sold by Hill-Rom located in Batesville, Ind. and at 4349 Corporate Road, Charleston, S.C. 29405.

Controller **334** is further configured to control fan **320**, such that fan **320** is configured to force air through tube **322** into the interior region between cover **312** and impermeable sheet **310**. Portion **315** of cover **312** is made from a moisture vapor permeable material that allows air and moisture to pass there through. The air entering the interior region from fan **320** is forced through spacing structure **308** and portion **315** to provide a low air loss therapy wherein a person being supported by support **300** is cooled due to the movement of air. The controller **334** maintains the proper amount of air movement provided by fan **320**.

In an alternate embodiment, fixed valves **330a-f** are replaced with three-way valves similar to three-way valves **332a** and **332b**. As such, each air bladder **304a-p**, under the

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direction of controller **334** may individually be coupled to a supply line of pressurized air such as **328a** or coupled atmosphere.

In a further alternate embodiment, fixed valves **330a-f** and three-way valves **332a** and **332b** are replaced with check valves and control orifices which are configured to control the supply of air to each air bladder **304a-p**. Further, each air bladder is connected to an exhaust line which is coupled to atmosphere. An exemplary configuration of check valves, control orifices and exhaust lines is provided in U.S. Pat. No. 5,794,288 to Soltani et al. titled "Pressure Control Assembly for an Air Mattress," the disclosure of which is herein expressly incorporated by reference.

FIG. **14** further shows a power supply **342** configured to supply electrical power to drive support **300**. In the illustrated embodiment, power supply **342** is connected to controller **334** and from controller **334** provides the power for the rest of the system, including fan **320** and pump **336**. In another embodiment power supply **342** is directly connected to at least one additional component, such as pump **336** or fan **320**.

Although support **300** has illustratively been shown as having four support zones **324a-d**, it is within the scope of the present invention to have only a single support zone spanning the length of support **300**. In one example, the single support zone provides a constant pressure profile across air bladders **304a-p**. In another example, the single support zone provides an alternating pressure therapy wherein either every other, every third, or other multiples of air bladders **304a-p** are plumbed together.

Referring to FIGS. **15-18**, an exemplary embodiment of patient support software **360** is shown. Patient support software **360** is configured to be executed by controller **334** in association with the operation of support **300**.

Referring to FIG. **15**, controller **334** and support **300** are turned on or powered up, as represented by block **362**. As represented by block **364**, the operator is able to select at least one of three therapies: a low air loss therapy **366**, an alternating pressure therapy **368**, or a percussion therapy **370**. In one example it is possible to select multiple therapies, such that alternating pressure therapy **368** and low air loss therapy **366** are executed simultaneously or such that percussion therapy **370** and low air loss therapy **366** are executed simultaneously. In an alternative embodiment percussion therapy **370** is substituted by a rotational therapy (not shown). In order to provide a rotational therapy, air bladders **304a-p** of support **300** are divided into two sets of air bladders, right side air bladders (not shown) and left side air bladders (not shown). Exemplary air bladders for use with a rotational therapy, are shown in U.S. Pat. No. 4,949,414 issued Aug. 21, 1990 to Thomas et al. titled "Modular Low Air Loss Patient Support System and Methods for Automatic Patient Turning and Pressure Point Relief," the disclosure of which is herein expressly incorporated by reference and U.S. Pat. No. 6,415,814 issued on Jul. 9, 2002 to Barry D. Hand et al. and titled "Vibratory Patient Support System," the disclosure of which is herein expressly incorporated by reference.

Referring to FIG. **16**, a first exemplary low air loss therapy routine **366** is shown. As represented by block **372**, controller **334** turns on pump at block **364** such that bladders **304a-p** are inflated to a start-up pressure profile stored in controller **334**. Additionally, fan **320** is activated with initial settings stored in controller, as represented by block **374**. The pressure of bladders **304a-p** are set such that a pressure profile is established or stored, as represented by block **376**. The terms "pressure profile" are used to refer to the fact that

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the pressure in each support zone **324a-d** may be different because of the different support requirements of that particular zone. For example, the pressure in the support zone corresponding to the feet of the body may be lower than one or more of the other support zones to provide pressure relief to the heel of the body.

In one example, the pressure profile is determined based on input from a caregiver. A caregiver selects a pressure set input from a caregiver interface (not shown) connected to support **300**, as represented by block **378**. The caregiver enters the weight of the patient lying on support **300**, as represented by block **380**, and controller **334** through an algorithm sets the appropriate pressure profile, as represented by block **382**. An example of setting of a pressure profile based on at least the weight of a patient in a support having multiple support zones and a caregiver interface are shown in U.S. Pat. No. 4,949,414 issued Aug. 21, 1990 to Thomas et al. titled "Modular Low Air Loss Patient Support System and Methods for Automatic Patient Turning and Pressure Point Relief," the disclosure of which is herein expressly incorporated by reference and U.S. Pat. No. 6,415,814 issued on Jul. 9, 2002 to Barry D. Hand et al. and titled "Vibratory Patient Support System," the disclosure of which is herein expressly incorporated by reference.

Once the pressure for each support zone **324a-d** is set by controller **334** through the operation of pump **336**, valves **330a-f**, valves **332a** and **332b**, and valves **340a** and **340b**, controller **334** checks to determine if percussion control valves **332a** and **332b** need to be turned off, as represented by block **384**. Percussion control valves **332a** and **332b** are in an on configuration or "turned on" when they are being cycled between the first orientation and the second orientation at a rate that corresponds to percussion therapy **370**, as discussed below in connection with blocks **412** and **414** in FIG. **18**. Percussion control valves **332a** and **332b** are in an off configuration or "turned off" when they are held in either the first orientation or the second orientation, preferably the first orientation wherein air bladders **304e-j** are connected to respective supply lines **328a** and **328b**. However, if low air loss therapy **366** is to be conducted simultaneously with percussion therapy **370**, block **384** is disabled.

Controller **334** monitors the pressure profile of bladders **304a-p**, as represented by block **386**. Adjustments to the pressure profile can be made, as represented by block **388**. One example adjustment is a manual offset from a patient comfort input, as represented by block **390**. For example, an input device such as a control panel (not shown) may be accessed by a patient in order that the patient can either increase the pressure or reduce the pressure in the patient support or in a given zone of the patient support. In another example, adjustments to the pressure profile are made due to a change in the position of the patient on support **300** or the orientation of support **300**, such as a head section (not shown) of a bed (not shown) on which support **300** is positioned is tilted upward. Controller **334**, as represented by block **376**, sets or stores the adjustments to the pressure profile.

If controller **334** detects a low pressure in either supply line **328a** or **328b** through pressure sensors **344a** and **344b** or a low pressure in at least one of bladders **304a-p**, a low pressure alarm is set, as represented by block **392**. Controller **334** waits for a predefined time interval to see if the pressure is restored to a generally normal level, as represented by block **394**. If the pressure has not been restored upon the expiration of the time interval an alarm is initiated, such as the lighting of an LED, as represented by block **396**. In other examples the alarm is an audible alarm, a light positioned

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remote from support 300 such as in the hallway or at a nurse's station, or a signal across a network (not shown) to a caregiver station.

Controller 334 continues to execute the base routine of low air loss therapy 366 in the absence of a change in command, as represented by blocks 398 and 400. In one example, a command change, as represented by block 400 is the selection of another or an additional therapy. Further, example changes in command include a request to power off support 300, as represented by block 402, a request to cycle or turn off the low air loss fan 320, as represented by block 404, and to pause the system, as represented by block 406. In one variation, pausing the system indicates to controller 334 to hold the current pressure in air bladders 304a-p. In another variation, pausing the system indicates to controller 334 to adjust the pressure in air bladders 304a-p to a stored pressure profile.

Referring to FIG. 17, a first exemplary alternating pressure therapy routine 368 is shown. Alternating pressure therapy routine 368 is generally similar to low air loss therapy routine 366. As such like numerals are positioned on like blocks that are common to both alternating pressure routine 368 and low air loss routine 366. Further, if alternating pressure therapy 368 is to be conducted simultaneously with percussion therapy 370, block 384 is disabled. Alternating pressure therapy 368 differs from low air loss therapy 366 in that a cycle time is selected, as represented by block 408. Controller 334 sets the cycle time as represented by block 410.

As explained earlier, alternating pressure therapy 368 corresponds to plumbing every second, every third, or higher multiple of air bladders 304a-p together to define at least two groups of support bladders. In the illustrated example of FIG. 14, a first bladder group consists of air bladders 304a, 304c, 304e, 304g, 304i, 304k, 304m, and 304o and a second bladder group consists of air bladders 304b, 304d, 304f, 304h, 304j, 304l, 304n, and 304p.

At the onset of alternating pressure therapy 368, the pressure in the first illustrated bladder group and the second illustrated bladder group corresponds to the stored constant pressure profile for support 300. During a first cycle of alternating pressure therapy the pressure in the first group is adjusted to a higher pressure than the pressure in the second group and then the pressure in the first group is adjusted to a lower pressure than the pressure in the second group. In one example, a first cycle corresponds to in a first step holding the pressure in the first group of air bladders and dropping the pressure in the second group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure, holding the resultant pressures in the first group and the second group for a first time period in a second step, in a third step restoring the pressure in the second group of air bladders and dropping the pressure in the first group of air bladders, to a predetermined pressure profile or by a predetermined percentage of pressure, holding the resultant pressures for a second time period in a fourth step, and then restoring the pressure in the first group of air bladders and dropping the pressure in the second group of air bladders, such that support 300 is in the configuration provided in step one. Subsequent cycles consist of repeating steps two through five. If the alternating pressure therapy is terminated, the pressure in both the first group of air bladders and the second group of air bladders is restored. In one variation, the first time period and the second time period correspond to about 3 minutes to about 5 minutes.

In another example, a first cycle corresponds to in a first step holding the pressure in the first group of air bladders

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and elevating the pressure in the second group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure, holding the resultant pressures in the first group and the second group for a first time period in a second step, in a third step restoring the pressure in the second group of air bladders and elevating the pressure in the first group of air bladders, to a predetermined pressure profile or by a predetermined percentage of pressure, holding the resultant pressures for a second time period in a fourth step, and then restoring the pressure in the first group of air bladders and elevating the pressure in the second group of air bladders, such that support 300 is in the configuration provided in step one. Subsequent cycles consist of repeating steps two through five. If the alternating pressure therapy is terminated, the pressure in both the first group of air bladders and the second group of air bladders is restored. In one variation, the first time period and the second time period correspond to about 3 minutes to about 5 minutes.

In a further example, a first cycle corresponds to in a first step elevating the pressure in the first group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure and dropping the pressure in the second group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure, holding the resultant pressures in the first group and the second group for a first time period in a second step, in a third step elevating the pressure in the second group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure and dropping the pressure in the first group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure, holding the resultant pressures for a second time period in a fourth step, and then elevating the pressure in the first group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure and dropping the pressure in the second group of air bladders to a predetermined pressure profile or by a predetermined percentage of pressure, such that support 300 is in the configuration provided in step one. Subsequent cycles consist of repeating steps two through five. If the alternating pressure therapy is terminated, the pressure in both the first group of air bladders and the second group of air bladders is restored. In one variation, the first time period and the second time period correspond to about 3 minutes to about 5 minutes.

Referring to FIG. 18, a first exemplary percussion therapy routine 370 is shown. Percussion therapy routine 370 is generally similar to low air loss therapy routine 366 and alternating pressure therapy routine 368. As such like numerals are positioned on like blocks that are common to percussion therapy routine 370 and both alternating pressure routine 368 and low air loss routine 366. Percussion therapy routine 370 differs from low air loss therapy 366 in that a percussion rate is selected, as represented by block 412. Controller 334 turns on percussion valves 332a and 332b and initiates the percussion therapy, as represented by block 414.

In a first example, three-way valves 332a and 332b are configured to couple respective air bladders 304e, 304g, 304i and 304f, 304h, 304j to respective supply lines 328a and 328b in a first orientation and to vent respective air bladders 304e, 304g, 304i and 304f, 304h, 304j to atmosphere in a second orientation. In a first step three-way valve 332a couples air bladders 304e, 304g and 304i to supply line 328a and three-way valve 332b couples air bladders 304f, 304h and 304j to atmosphere to quickly reduce the pressure in air bladders 304f, 304h and 304j. In a second step,

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three-way valve **332a** couples air bladders **304e**, **304g** and **304i** to atmosphere to quickly reduce the pressure in air bladders **304e**, **304g** and **304i** and three-way valve **332b** couples air bladders **304f**, **304h** and **304j** to supply line **328b** to pressurize air bladders **304f**, **304h** and **304j**. In one variation, the rate selected for the percussion therapy corresponds to cycling between the first orientation and the second orientation at about 1 Hertz to about 25 Hertz, at about 1 Hertz to about 5 Hertz, and at about 6 Hertz to about 25 Hertz.

In another example, air bladders **304e-j**, include vibrating means configured to provide percussion therapy. In one variation, the vibrating means are disposed within air bladders **304e-j**. In another variation, the vibrating means disposed partially within air bladders **304e-j** and partially as a portion of top portion **314** of air bladders **304e-j**. Exemplary vibrating means are shown in U.S. Pat. No. 4,949,414 issued Aug. 21, 1990 to Thomas et al. titled "Modular Low Air Loss Patient Support System and Methods for Automatic Patient Turning and Pressure Point Relief," the disclosure of which is herein expressly incorporated by reference and U.S. Pat. No. 6,415,814 issued on Jul. 9, 2002 to Barry D. Hand et al. and titled "Vibratory Patient Support System," the disclosure of which is herein expressly incorporated by reference.

The invention claimed is:

1. An apparatus configured to support at least a portion of a body thereon, the apparatus comprising
 - a cover having an interior region,
 - a base located within the interior region, the base including first and second layers, each of the first and second layers having a plurality of sections with substantially flat top and bottom surfaces such that the substantially flat top surfaces of the plurality of sections of each of the respective first and second layers are substantially coplanar with each of the other sections of the corresponding first and second layers and such that the substantially flat bottom surfaces of the plurality of sections of each of the respective first and second layers are substantially coplanar with each of the other sections of the corresponding first and second layers, at least two of the plurality of sections of the first layer having different ILD ratings, at least two of the plurality of sections of the second layer having different ILD ratings, at least some of the plurality of sections of the first layer extending over and across abutting bonded edges of at least some of the plurality of sections of the second layer, the abutting bonded edges being oriented in substantially perpendicular relation with an upper surface of the cover,

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a fiber network located within the interior region, the fiber network including a plurality of spaced-apart resilient members that are movable between a compressed position and an uncompressed position, and
 an air mover to move air through the fiber network.

2. The apparatus of claim 1, wherein the fiber network includes a non-horizontal upper surface.

3. The apparatus of claim 1, wherein the fiber network includes upper and lower surfaces and a central region, the resilient members positioned in the central region between the upper and lower surfaces.

4. The apparatus of claim 1, wherein the fiber network includes textile fiber.

5. The apparatus of claim 1, wherein the fiber network includes thermoplastic fibers.

6. The apparatus of claim 1, wherein the fiber network includes a plurality of layers of the resilient members.

7. The apparatus of claim 1, wherein the base comprises a foam base.

8. The apparatus of claim 1, wherein the different ILD ratings range from about 40 ILD to about 180 ILD.

9. The apparatus of claim 1, wherein the apparatus comprises a seat cushion.

10. The apparatus of claim 1, wherein the apparatus comprises a mattress.

11. The apparatus of claim 1, wherein the base is formed to include a recessed portion, the fiber network being located within the recessed portion of the base.

12. The apparatus of claim 1, wherein the base is configured to conform substantially to a shape of the body located on the apparatus.

13. The apparatus of claim 1, wherein the air mover is coupled to the fiber network by a tube.

14. The apparatus of claim 1, wherein the air mover is located upstream of the fiber network.

15. The apparatus of claim 1, wherein the air mover includes a bracket for coupling to a bed.

16. The apparatus of claim 1, wherein the air mover and the fiber network cooperate to remove moisture from adjacent the body.

17. The apparatus of claim 1, wherein the air mover comprises a fan.

18. The apparatus of claim 1, wherein the fiber network and the air mover cooperate to provide cooling for the body.

19. The apparatus of claim 1, wherein the fiber network and the air mover cooperate to provide a low air loss therapy for the body.

20. The apparatus of claim 1, wherein the cover comprises a breathable material.

* * * * *

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 9,462,893 B2
APPLICATION NO. : 14/099154
DATED : October 11, 2016
INVENTOR(S) : James J. Romano et al.

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In the specification

Col 1, Line 8, delete "2001" and substitute therefor --2011--.

Signed and Sealed this
Twenty-seventh Day of December, 2016

A handwritten signature in black ink, reading "Michelle K. Lee". The signature is written in a cursive, flowing style.

Michelle K. Lee
Director of the United States Patent and Trademark Office